

P95000005443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

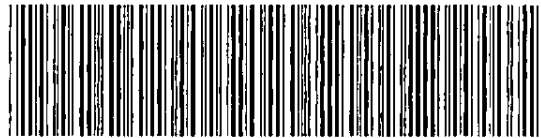
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 21, 2023

DANIEL R MAGNOLE  
PO BOX 327357  
FT LAUDERDALE, FL 33332

SUBJECT: FLX OF MIAMI, INC.  
Ref. Number: P95000005443

We have received your document for FLX OF MIAMI, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please ensure that you date the last section on the last page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett  
Regulatory Specialist II

Letter Number: 223A00019344

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STATE

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: FLX OF MIAMI INC

DOCUMENT NUMBER: P95000005443

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIEL R MAGNOLE  
Name of Contact Person  
FLX OF MIAMI INC  
Firm/ Company  
PO BOX 327357  
Address  
FT LAUDERDALE FL 33332  
City/ State and Zip Code  
DMAGNOLE1@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL R MAGNOLE at ( 954 ) 5203600  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|--|--|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
2003 SEP 15 PM 5:19  
TALLAHASSEE, FL

Articles of Amendment  
to  
Articles of Incorporation  
of

FLX OF MIAMI INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P95000005443

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent DANIEL R MAGNOLE

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

Check if applicable

☒ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change      PT      John Doe

☒ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>ST</u>	<u>CRAIG SEEWALD</u>	<u>18951 SW 63RD ST</u>
<input type="checkbox"/> Add			<u>SOUTHWEST RANCHES FL</u>
<input checked="" type="checkbox"/> Remove			<u>33332</u>
2) <input type="checkbox"/> Change	<u>V</u>	<u>JOSEPH MAGNOLE</u>	<u>931 SW 189 TERR</u>
<input type="checkbox"/> Add			<u>PEMBROKE PINES FL</u>
<input checked="" type="checkbox"/> Remove			<u>33029</u>
3) <input type="checkbox"/> Change	<u>P</u>	<u>JOSEPH GOLDMAN</u>	<u>1430 NE 41 STREET</u>
<input type="checkbox"/> Add			<u>OAKLAND PARK FL</u>
<input checked="" type="checkbox"/> Remove			<u>33334</u>
4) <input type="checkbox"/> Change	<u>P</u>	<u>DANIEL R MAGNOLE</u>	<u>460 NW 197 AVE</u>
<input checked="" type="checkbox"/> Add			<u>PEMBROEK PINES FL</u>
<input type="checkbox"/> Remove			<u>33029</u>
5) <input type="checkbox"/> Change	<u>V</u>	<u>CRAIG ROESEMAN</u>	<u>16120 SOUTH POST RD</u>
<input checked="" type="checkbox"/> Add			<u>#202</u>
<input type="checkbox"/> Remove			<u>WESTON FL 33331</u>
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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*[The page contains faint horizontal lines, suggesting it was part of a lined document.]*

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JUNE 30 2023

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

JULY 1 2023

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."  
(voting group)

Dated 9/19/23

Signature CW SECRETARY/TREASURER  
(By a director, president or other officer -- if directors or officers have not been selected, by an incorporator -- if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

CRAIG W. SEEWALD  
(Typed or printed name of person signing)

SEC/TRES  
(Title of person signing)

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