

L18000074382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

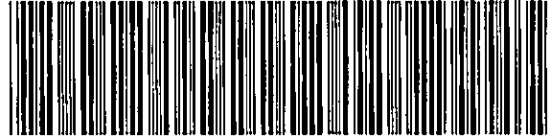
(Business Entity Name)

(Document Number)

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10/23/18--01031--005 **25.00

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18 OCT 29 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NOV 14 2018

Handwritten: 10/23/18 & 11/14/18
meal

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLAMING GALAH GROUP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANY ABRAHAM

Name of Person

KSDT & COMPANY

Firm/Company

1625 N COMMERCE PKWY SUITE 315

Address

WESTON, FL 33326

City/State and Zip Code

DABRAHAM@KSDT-CPA.COM

E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

DANY ABRAHAM

305 670-3370
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number 118000074382

EnGEA Ventures LLC

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

_____, Florida _____
City Zip Code

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GEA VENTURS LLC	1625 N COMMERCE PKWY	<input checked="" type="checkbox"/> Add
		SUITE 315	<input type="checkbox"/> Remove
		WESTON, FL 33326	<input type="checkbox"/> Change
MGR	LIVILLE LLC	1625 N COMMERCE PKWY	<input checked="" type="checkbox"/> Add
		SUITE 315	<input type="checkbox"/> Remove
		WESTON, FL 33326	<input type="checkbox"/> Change
MGR	DAVID MICHAEL FILIPENKO	1625 N COMMERCE PKWY	<input type="checkbox"/> Add
		SUITE 315	<input checked="" type="checkbox"/> Remove
		WESTON, FL 33326	<input type="checkbox"/> Change
MGR	ANDREW MICHAEL ROBERTS	1625 N COMMERCE PKWY	<input type="checkbox"/> Add
		SUITE 315	<input checked="" type="checkbox"/> Remove
		WESTON, FL 33326	<input type="checkbox"/> Change
MGR	TIMOTHY W. JAMES	1625 N COMMERCE PKWY	<input type="checkbox"/> Add
		SUITE 315	<input checked="" type="checkbox"/> Remove
		WESTON, FL 33326	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 09/26, 2018

Signature of a member or authorized representative of a member

DAVID MICHAEL FILIPENKO, MGR

Typed or printed name of signee