

LO20000 14222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

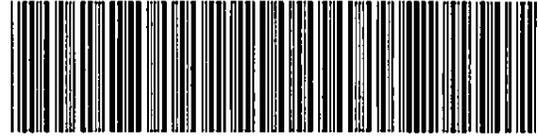
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900322152969

12/19/18--01007--002 **25.00

FILED
18 DEC 19 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DB

SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Flamingo Heights, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Deborah G. Dewhurst
Name of Person

Flamingo Heights, LLC
Firm/Company

506 West Noble Ave, Lot 175
Address

Bushnell, Fla. 33513
City/State and Zip Code

hoganbearse@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah Dewhurst at (352) 303-8518
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Flamingo Heights, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 6/6/2008 and assigned Florida document number LO2000014222.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

506 W. Noble Ave
Lot 175
Bushnell, Fl. 33513

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

506 W. Noble Ave
Lot 175
Bushnell, Fl. 33513

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Deborah G. Dewhurst

New Registered Office Address:

506 W. Noble Ave, Lot 175
Enter Florida street address
Bushnell, Florida 33513
City Zip Code

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Deborah G. Dewhurst
If Changing Registered Agent, Signature of New Registered Agent

SECRET
FALL 2008
18 DEC 19 4:50 PM '08
FILED
50

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	Ronald Mancini	2685 CR 564	<input type="checkbox"/> Add
		Bushnell, FL 33513	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jane E. Mancini	2685 CR 564	<input checked="" type="checkbox"/> Add
		Bushnell, FL 33513	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18 DEC 18 PM 5:50
 SECRETARY OF STATE
 TALLAHASSEE, FL 32399-0001
 PH 904 488 1100
 FAX 904 488 1101
 WWW.FLORIDA.GOV

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

Multiple horizontal lines for amending information.

FILED
18 DEC 19 PM 1:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 December 17, 2018.

Jane E. Mancini
Signature of a member or authorized representative of a member

JANE E. MANCINI
Typed or printed name of signee