

LO7000035346

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S. HAWKES

JUL 7 - 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE SAILING FLAMINGO 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:

MICHAEL BRAULT

Name of Person

REJEAN LAPIERRE 2000 INC

Firm/Company

7491 WEST OAKLAND PARK BLVD. SUITE #306

Address

LAUDERHILL, FLORIDA 33319

City/State and Zip Code

✓ MICHEL@REJEANLAPIERRE2000.COM

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

For further information concerning this matter, please call:

MICHAEL BRAULT

Name of Person

at (954) 749-8802

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

THE SAILING FLAMINGO, 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 04/03/2007

Florida document number L07000035346

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

7491 W OAKLAND PARK BLVD, SUITE #306
SUNRISE, FLORIDA 33351

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7491 W OAKLAND PARK BLVD, SUITE #306
LAUDERHILL, FLORIDA 33319

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:

New Registered Office Address:

7491 W OAKLAND PARK BLVD, SUITE #306

Enter Florida street address

SUNRISE

Florida

33319

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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I affirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent:

Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RICHARD VILANOVA	31 RUE ST DOMINIQUE PARIS, FRANCE 75007	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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JUL 13 2009
ST. LOUIS, MO
FBI

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

Dated JUNE 5, 2009

Signature of a member or authorized representative of a member
VALERIE BOUAZIZ TORRON, MEMBER

Typed or printed name of signee