

L09.000040733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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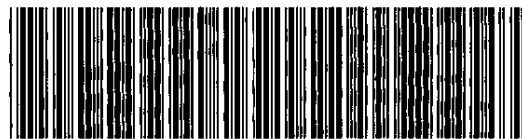
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 23 2010

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PINK FLAMINGO INTERNET CAFE II 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:

**JYOTSANA PATEL**

Name of Person

**PINK FLAMINGO INTERNET CAFE II LLC**

Firm/Company

**800 S NOVA RD**

Address

**ORMOND BEACH FL 32174**

City/State and Zip Code

**POOJA514@YAHOO.COM**

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

For further information concerning this matter, please call:

**JYOTSANA PATEL**

Name of Person

at ( 770 )

**715-5148**

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

**FILED**  
**10 SEP 22 PM 4:20**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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

**PINK FLAMINGO INTERNET CAFE II 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 APRIL 27, 2009 and assigned Florida document number L09000040733.

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)

JYOTSANA PATEL

800 S NOVA RD

ORMOND BEACH FL 32174

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

800 S NOVA RD

ORMOND BEACH FL 32174

**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:

JYOTSANA PATEL

New Registered Office Address:

800 S NOVA RD

*Enter Florida street address*

ORMOND BEACH

Florida

32174

*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 hereby confirm 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>  |
|--------------|------------------------------|---|--|
| MGRM         | JYOTSANA PATEL               | 800 S NOVA RD<br>ORMOND BEACH FL 32174              | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGRM         | MAYUR PATEL                  | 4605 BILL GARDNER PKWY<br>LOCUST GROVE GA 30248     | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGRM         | JOHN BURGETT                 | 561 HEATHER OAKS COVE<br>ALTAMONTE SPRINGS FL 32174 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | Kathleen Souder <sup>3</sup> | P.O. Box 1356<br>Ormond Beach, FL 32175             | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                              |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                              |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated SEPT. 15, 2010

*Jyotsana Patel*

Signature of a member or authorized representative of a member

Jyotsana Patel

Typed or printed name of signee

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 10 SEP 22 PM 4:20  
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