

L11000092351

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EXAMINER



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 20 PM 3:51

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FLAMINGO BAYSIDE, 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:

ALAN ARAUJO

Name of Person

Firm/Company

1500 BAY RD, APT. 1036

Address

MIAMI BEACH FL 33139 US

City/State and Zip Code

alanicq@hotmail.com

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

For further information concerning this matter, please call:

ALAN ARAUJO

Name of Person

at (**305**)

742-4220

Area Code & Daytime Telephone Number

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

FILED
SECRETARY OF CORPORATION
12 MAR 20 PM 3:51

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

FLAMINGO BAYSIDE, LLC

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

FILED
DIVISION OF CORPORATIONS
12 MAR 20 PM 3:23

The Articles of Organization for this Limited Liability Company were filed on 8/11/2011 and assented

Florida document number L11000092351.

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:

1500 BAY RD, APT. 1036

(Principal office address MUST BE A STREET ADDRESS)

MIAMI BEACH FL 33139 US

Enter new mailing address, if applicable:

1500 BAY RD, APT. 1036

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI BEACH FL 33139 US

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:

Enter Florida street address

, Florida

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

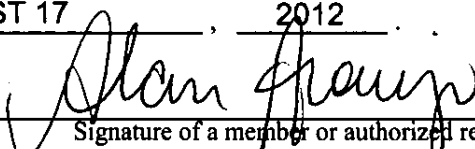
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MONICA SOUZA	533. NE 52ND STREET	<input type="checkbox"/> Add
		MIAMI FL 33137	<input checked="" type="checkbox"/> Remove
MGRM	ALAN ARAUJO	1500 BAY RD, APT. 1036	<input checked="" type="checkbox"/> Add
		MIAMI BEACH FL 33139 US	<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

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

Dated AUGUST 17, 2012



Signature of a member or authorized representative of a member

ALAN ARAUJO

Typed or printed name of signee