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SECRETARY OF STATES AND A MASSEE, FLORIDA

T. CLINE

APR 18 2012

**EXAMINER** 

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Flakema LLC  Name of Limited Liability Company	
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:	
Douglas E. Graham Name of Person	-
1282 VENTUTES, LLC	-
6796 Colony Drive South	-
ST: Perersburg, FL 33705-590 City/State and Zip Code  E-mail address: (to be used for future annual report notification)	2012 PR
For further information concerning this matter, please call:	A SECTION OF STA
Douglas E. Graham at (813) 889-7655  Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	ate of Status &

### 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**

Flaroma	LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.	)	
•	•		
The Articles of Organization for this Limited Liability Company	were filed on AUGUST 23,2	oll and assigned	
Florida document number			
•			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
NIA			
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Company," the designation	on "LLC" or the abbreviation	
, L.L.C.		SE SE	
Enter new principal offices address, if applicable:	NA	5 2 2	
(Principal office address MUST BE A STREET ADDRESS)	L	- <del>5</del> - <del>1</del> - <del>5</del> - <del>1</del> - <del>5</del> - <del>1</del>	
· -	NOTE TO SECURE A SECU	SE 7	
•	, l		
Enter new mailing address, if applicable:	N/A	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		Sw &	
		**	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, ent	er the name of the new	
registered agent and/or the new registered orace address her	<u>c</u> .		
Name of New Registered Agent:			
Ivame of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City	Zíp 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 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 Title Address Name Type of Action MGRM 1282 VENTURES, LLC 6796 Colony Drive South ST. Peters Burg, FL 33705 Add Remove William (Broadhorst 300 Lake Marina Dr. Suite 28W New Orleans, LA 701 ☐ Add Remove ☐ Add ☐ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2012 C. Broadhur57
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00