

L12000 146 201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

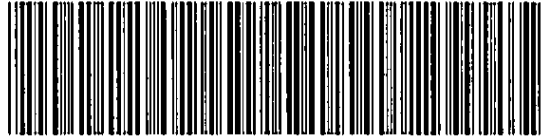
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

D. SCOTT
DEC 19 2018



The Flamingo's Nest

December 3, 2018

Courier Address

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ATTENTION: Yasemin Sulker

Re: Name Change of LLC

Dear Sir or Madam:

It was brought to my attention that the forms I submitted on 11/1/18 to change the name of my LLC were not correct. I had also sent in a \$90 Check for the Processing Fee of \$50; Certificate of Status \$10 and the Certified copy of \$30. I have attached a copy of the incorrect forms I submitted, along with a copy of the check. Please refund the \$90 which was cashed on 11/9/18 by the State.

Enclosed are the Articles of Amendment to Articles of Organization of The Flamingo's Nest, LLC. Document # L12000146201. Also enclosed is a check in the amount of \$60 representing Filing Fee, Certificate of Status & Certified Copy.

We are changing the name of our LLC from The Flamingos Nest, LLC to Pelicans and Flamingos, LLC.

If you have any questions or require additional information, please contact me at 941-966-0600 or by email nicki@TheFlamingosNest.com

Sincerely,

Monique Hoke
Managing Member

DEC 10 AM 2:10
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Flamingo's Nest, 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:

Monique Hoke

Name of Person

The Flamingo's Nest, LLC

Firm/Company

758 S. Tamiami Trail

Address

Osprey, FL 34229

City/State and Zip Code

nicki@PelicansandFlamingos.com

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

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For further information concerning this matter, please call:

Monique Hoke

941 966-0600

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input 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 checked="" 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

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

The Flamingo's Nest, 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 11/9/2012 and assigned
Florida document number L12000146201.

This amendment is submitted to amend the following:

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

Pelicans and Flamingos, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 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.

If Changing Registered Agent, Signature of New Registered Agent

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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233 DEC 10 A 2 16

FILED
2013 DEC 10 AM 2:16
FBI - NEW YORK

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.

Dated 12/3/18 .

Monique Hale
Signature of a member or authorized representative of a member

Monique Hoke
Typed or printed name of signee