

L13000164958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

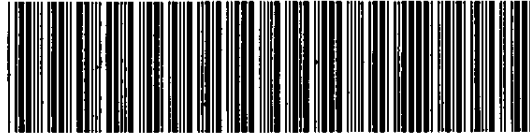
(Business Entity Name)

(Document Number)

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FEB 25 2016
J. HARRIS

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLINTSTONES, 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:

GIL - ECHEVERRI RODRIGO

Name of Person

FLINTSTONES LLC.

Firm/Company

1954 NENA HILL DR

Address

TALLAHASSEE FL. 32304

City/State and Zip Code

INFO@FLINTSTONESLLC.COM

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

For further information concerning this matter, please call:

RODRIGO I. GILECHEVERRI (850) 5561601

Name of Person

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2016

RODRIGO I GIL-ECHEVERRI
1954 NENA HILLS DR
TALLAHASSEE, FL 32304

SUBJECT: FLINSTONES LLC
Ref. Number: L13000164958

We have received your document for FLINSTONES LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 816A00003858

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FLINSTONES 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 11/25/13 and assigned
Florida document number L13000164958

This amendment is submitted to amend the following:

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

FLINTSTONES 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)

2370 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1954 NENA HILL DR
TALLAHASSEE FL 32304

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

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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
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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.

(b) The 90th day after the record is filed.

Signature of a member or authorized representative

Typed or printed name of signee

Filing Fee: \$25.00

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