

L/14000027299

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAR 10

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FLAMINGO PARTNERS 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:

IJMAL ALI

Name of Person

FLAMINGO PARTNERS LLC

Firm/Company

10120 FOREST HILL BLVD. SUITE # 190

Address

WELLINGTON, FL 33414

City/State and Zip Code

INAZALI@YAHOO.COM

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

For further information concerning this matter, please call:

IJMAL ALI

484 678 - 5693
at ()

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

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TALLAHASSEE, FLORIDA

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

Page 1 of 3

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>
MGRM	SYED H ALI	929 ASHBOURNE WAY	☐ Add
		SCHWENKSVILLE, PA 19473	☒ Remove
			☐ Change
MGR	HASSANA RAZA	2103 DEEP MEADOW LN	☐ Add
		LANSDALE, PA 19446	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2018 MAR 8 PM 4:36
 STATE OF FLORIDA
 DEPARTMENT OF
 REVENUE
 TALLAHASSEE, FLORIDA

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2016 APR - 8 11
STATE OF FLORIDA
SCOTT A. HASSLER
TALLAHASSEE

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SPRINGFIELD, MISSOURI

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

Jim H
Signature of a member or authorized representative of a member

Typed or printed name of signee