

U400033975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

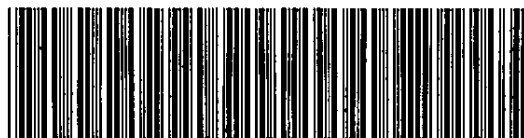
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TALLAHASSEE, FLORIDA
16 APR 17 PM 12:46

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAY 17 PM 4:46

JUN 16 2016
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 18, 2016

JOHN MANSOUR
51 E JEFFERSON STREET #2369
ORLANDO, FL 32802

SUBJECT: FLAT HEAD HOLDINGS LLC
Ref. Number: L14000033975

RECEIVED
28th JUN -9 PM 12:27
TALLAHASSEE, FLORIDA

We have received your document for FLAT HEAD HOLDINGS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by ~~one~~ person acting as an authorized representative.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 016A00010509

FILED
16 MAY 17 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Flat Head Holdings 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:

John Mansour

Name of Person

Flat Head Holdings LLC

Firm/Company

51 E. Jefferson St. #2369

Address

Orlando, FL 32802

City/State and Zip Code

FlatHeadHolding@gmail.com

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

For further information concerning this matter, please call:

John Mansour

407 489-3701
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

FILED
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TALLAHASSEE, FLORIDA
16 MAY 17 PM 4:16

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

Flat Head Holdings 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 02/27/2014 and assigned
Florida document number L14000033975

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 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)

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STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
16 MAY 17 PM 4:16

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>
MGR	David Mansour	51 E. Jefferson St. #2369	<input type="checkbox"/> Add
		Orlando, FL 32802	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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 ALABAMA
 16 MAY 17 PM 4: 7

ITALIA HAS BEEN
16 MAY 17 PM 4:17

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
16 MAY 17 PM 4: 17

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

_____, _____, 2016

Signature of a member or authorized representative of a member

Typed or printed name of signee

Signature of a member or authorized representative of a member

John Mansour

Typed or printed name of signee