

L15000056104

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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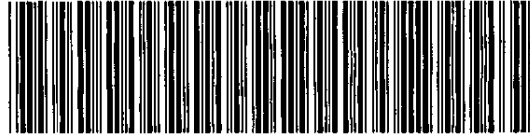
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 25 2015
T. J. JAMES

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE PINK FLAMINGO CHRW, LLC., A Florida 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:

Barry M. Sickles, Esq.

Name of Person

Law Office of Barry M. Sickles

Firm/Company

10100 W Sample Road, Suite 404

Address

Coral Springs, FL 33065

City/State and Zip Code

Barry@Mainstreettitle.com

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

For further information concerning this matter, please call:

Barry M. Sickles, Esq.

954

255-7360

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

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

THE PINK FLAMINGO CHRW, LLC., A Florida limited liability company

(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 March 30, 2015

Florida document number L15000056104

This amendment is submitted to amend the following:

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

n/a

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

P.O. BOX 4843

(Mailing address MAY BE A POST OFFICE BOX)

FORT LAUDERDALE, FL 33338-4843

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:

BARRY M. SICKLES, ESQ.

New Registered Office Address:

10100 W SAMPLE ROAD # 404

Enter Florida street address

CORAL SPRINGS

, Florida 33065

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>
AMBR	ERICA WERNER	1744 NE 27TH DRIVE	<input type="checkbox"/> Add
		WILTON MANORS, FL 33334	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RICHARD ROWLEY	834 NE 18TH COURT	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33305	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LILLIE HARRIS	1744 NE 27TH DRIVE	<input type="checkbox"/> Add
		WILTON MANORS, FL 33334	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ERICA WERNER	2011 NE 4TH AVENUE	<input checked="" type="checkbox"/> Add
		WILTON MANORS, FL 33305	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RICHARD ROWLEY	834 NE 18TH COURT	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33305	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	RICHARD ROWLEY		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Change
Remove
Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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.

Dated JUNE 9, 2015

Signature of a member or authorized representative of a member

ERICA WERNER

Typed or printed name of signee

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Filing Fee: \$25.00

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