15000127704

(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



500279560645

12/01/15--01021--023 **25.00

2015 DEC -1 PH 2: 4.1

K.SALY EXAMINER DEC -2 2015

COVER LETTER

Division of Corpo	orations				
Flaco, LLC SUBJECT:					
	Name of Limite	ed Liability Company			
The enclosed Articles of A	mendment and fee(s) are subm	itted for filing.			
Please return all correspond	dence concerning this matter to	the following:			
	Gerrit Pieter Bezuidenhout				
		Name of Person			
	Flaco, LLC				
Firm/Company					
	1800 S Orlando Ave Apt 16				
		Address			
	Cocoa Beach, Florida, 3293	1			
		City/State and Zip Code			
	jerry@comillon.co.za				
	E-mail address: (to	be used for future annual report notificat	tion)		
For further information con	ncerning this matter, please cal	1:			
Gerrit Pieter Bezuidenhou	t	813 813 470 8254 at () Area Code Daytime To			
Name of	Person	Area Code Daytime To	elephone Number		
Enclosed is a check for the	following amount:				
■ \$25.00 Filing Fcc	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

TO:

Registration Section

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



Flaco, LLC			mq
(Name of the Lim	ited Liability Company as it now appears on ou (A Florida Limited Liability Company)	r records.)	
The Articles of Organization for this Limited I	Liability Company were filed on July, 27, 2	2015	and assigned
This amendment is submitted to amend the fol	lowing:		
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 designati	on "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if appli	cable:	<u> </u>	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u></u>		,
B. If amending the registered agent and registered agent and/or the new registered of		records, enter	the name of the new
Name of New Registered Agent:	Gerrit Pieter Bezuidenhout		
New Registered Office Address:	1800 S Orlando Ave, Apt 16 Enter Florida stre	et address	
	Cocoa Beach		
	City	, Florida	32931 Zip Code
	Uny		rip 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 affice address, I hereby confirm that the limited liability company has been notified in writing of this change

If Changing Registered Agent, Signatury of New Registered Agent

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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			□ Add
		 	□ Remove
			Ale T
			
			ST Change
	No. of the second secon		
			□ Remove
			☐ Change
			Add
			☐ Remove
			□ Change
			Add
			□ Remove
			D G

Manag	ger managed LLC						
			· · · · · · · · · · · · · · · · · · ·				
							-3
							The Total
							TOUS DEC
				·			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
-							
							<u> </u>
							基实
					• • • •		
				· · · · · · · · · · · · · · · · · · ·			····
		· · · · · · · · · · · · · · · · · · ·				····	
	· · · · · · · · · · · · · · · · · · ·						
		· · · · · · · · · · · · · · · · · · ·			,, , , , 		
		., , 					
							··
ective d	ate, if other than	the date of filir	ıg:			(optional)	
effective	date is listed, the date date inserted in thi	must be specific an	nd cannot be prior	to date of filing	or more than 90 day	s after filing.)	Pursuant to 605.020
ument's	effective date on th	e Department of	State's records		mig requiremen	is, mis date n	in not be noted a
record	specifies a dela	ved effective	date, but no	t an effectiv	e time, at 12	:01 a.m. o	n the earlier o
	h day after the				,		
		1					
ed		11/24	, 2015				
		1	1	7			
			AH]/				
-		Signature 60	faring er or auth	orized representa	itive of a member		

Page 3 of 3

Filing Fee: \$25.00