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(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL .		
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: Registration Sec Division of Corp		•	
SUBJECT:	Flagler Leasing, LL	С	
		ted Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Eduardo Torre	s	
		Name of Person	
	Flagler Leasi	ng, LLC	
		Firm/Company	
	20100 W. Coun	try Club Dr., #409	
		Address	
	Aventura, FL	33180	
	Aventura, ru	City/State and Zip Code	
		to be used for future annual report not	fication)
For further information co	ncerning this matter, please ca	all:	
Eduardo Torre	S	at (305-) 918-6948	8
Name of	Person		ne Telephone Number
Enclosed is a check for the	-		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
\$.4.4.11	NG ADDRESS:	STREET/COUR	IED ADDRESS.
	ation Section	Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

y Company as it now appears on our records.) Limited Liability Company)					
ompany were filed on 11/12/15	and assigned				
_·					
A. If amending name, enter the new name of the limited liability company here:					
ited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."				
(ESS)					
tered office address on our records, <u>ent</u>	er the name of the ne				
ress here:	5				
	<u> </u>				
Enter Florida street address					
	· 会示 : 4: 1 (元)				
,,,,	≥ Zin Code				
i .	ted liability company here: ted Liability Company," the designation "LLC" or the ESS) tered office address on our records, enteress here:				

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> Name **Address Type of Action** AMBR 20100 W. Country Club Dr., #409 □ Add Edgar Devia Aventura, FL 33180 **⊠**Remove □ Change AMBR Diana Torres 20100 W. Country Club Dr., #409 Aventura, FL 33180 **E**Remove ☐ Change AMBR Mauricio Torres 20100 W. Country Club Dr., #409 □ Add Aventura, FL 33180 x⊠xRemove ☐ Change AMBR Diana Roa 20100 W. Country Club Dr., #409 Aventura, FL 33180 **EX**Remove ☐ Change □ Add Remem ☐ Change ___Add Remove

☐ Change

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Note: If	date, if other than the date of filing: ive date is listed, the date must be specific and cannot be prior the date inserted in this block does not meet the applic t's effective date on the Department of State's records	(optional) to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (able statutory filing requirements, this date will not be listed as to
	•	
	rd specifies a delayed effective date, but no 0th day after the record is filed.	ot an effective time, at 12:01 a.m. on the earlier of:
Dated	December 3 , 2015	
	Manhow	
	Signature of a member or auth	orized representative of a member
	Eduardo Torres	

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Filing Fee: \$25.00