

7  
**L15000188697**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

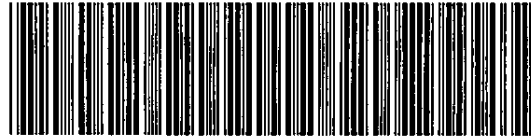
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ - Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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STATE OF FLORIDA

DEC 06 2017

Y SULKER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 21, 2017

AMBER TOLLEFSON  
101 SW 6TH TERRACE  
BOCA RATON, FL 33486

SUBJECT: THE FLAMINGO HOUSE GROUP LLC  
Ref. Number: L15000188697

We have received your document for THE FLAMINGO HOUSE GROUP 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):

IF YOU WANT TO CHANGE THE TITLE OF THE AP YOU NEED TO FILE  
AMENDMENT APPLICATION NOT RA

We are enclosing the proper form(s) with instructions for your convenience.

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.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 317A00023657

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Flamingo House Group, 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:

Amber Tollefson  
Name of Person

The Flamingo House  
Firm/Company

4160 NW 1 Ave STE 16  
Address

Boca Raton, FL 33431  
City/State and Zip Code

Amber@theflamingohouse.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amber Tollefson at (850) 212-1114  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee  
(Already sent prior)
- ☐ \$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

RECEIVED  
2011 DEC -4 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

43

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

The Flamingo Horse Group, 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 NOV 6, 2015 and assigned Florida document number L15000188697.

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)**

**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:

Amber Tollefson, CEO (change of title from AP)

New Registered Office Address:

Enter Florida street address

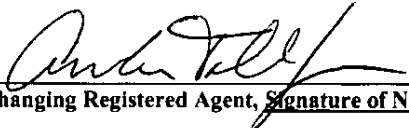
\_\_\_\_\_, Florida

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>
CEO	Amber Tollefson	101 SW 6 <sup>th</sup> Terrace	<input type="checkbox"/> Add
		Boca Raton, FL 33486	<input type="checkbox"/> Remove
		(Changed from AP to CEO)	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

REC-649  
AM 10 49

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

DEC-5 AM 8:11

E. Effective date, if other than the date of filing: Nov. 28, 2017 (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 Nov. 28, 2017

Signature of a member or authorized representative

Amber Tollefson

Typed or printed name of signee