

**L16 000 159 534**

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

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

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

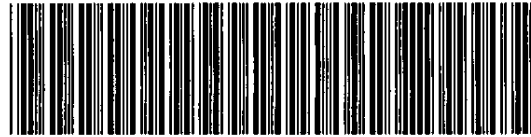
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(Business Entity Name)

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

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FLASH GARDEN 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:

CRISTIANE LEON

\_\_\_\_\_  
Name of Person

COSMO MANAGEMENT

\_\_\_\_\_  
Firm/Company

9190 BISCAYNE BLVD STE 202

\_\_\_\_\_  
Address

MIAMI SHORES, FL 33138

\_\_\_\_\_  
City/State and Zip Code

CRISTIANE@THECOSMOTTEAM.COM

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

For further information concerning this matter, please call:

CRISTIANE LEON

786

462-6766

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

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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	Emmanuel ALDABE	9825 NE 2nd Ave	<input type="checkbox"/> Add
		Miami, FL 33153-9998	<input checked="" type="checkbox"/> Remove
		13899 Biscayne Blvd PH9	<input type="checkbox"/> Change
MGR	Ruben ZURGA	NORTH Miami Beach, FL 33181	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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Dated APRIL 28TH

Λ 2017

~~Signature of a member or authorized representative of a member~~

EMMANUEL ALDABE

Typed or printed name of signee