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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
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Certified Copies	Certificates	s of Status
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COVER LETTER

Division of Corporations FLAMINGO BAY HOMES, LLC SUBJECT: ____ 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: ERIK R. WEISENSEEL Name of Person Firm/Company 20913 ST. ANDREWS BLVD, UNIT 38 Address BOCA RATON, FL 33433 City/State and Zip Code najja0707@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ERIK R. WEISENSEEL 561 789-4312 Daytime Telephone Number Area Code Name of Person Enclosed is a check for the following amount: **■** \$30.00 Filing Fee & □ \$25.00 Filing Fee □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	ny as it now appears on our records	<u>;;)</u>
(Name of the Limited Liability Compa (A Florida Limited L	lability Company))
The Articles of Organization for this Limited Liability Company L17000243437 Lorida document number	were filed on	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	lity company here:	
TANVIR TRUCKING, LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity 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)		
		28 E 0
		SS 19 E
Enter new mailing address, if applicable:		Fig. 24/5
Mailing address MAY BE A POST OFFICE BOX)		15 TS
		26 OS
		·
3. If amending the registered agent and/or registered of		, enter the name of th
egistered agent and/or the new registered office address here	2.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	ī
	, Flo	orida
	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

or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			
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Filing Fee: \$25.00