

L19000247342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

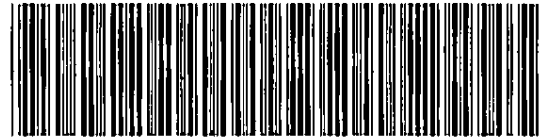
(Business Entity Name)

(Document Number)

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10/28/19--01009--005 \*\*25.00

2019 OCT 28 AM 11:12

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C. GOLDEN

NOV 26 2019

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FLAMINGO ARCADE, 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:

SHAHAM WAHEED

Name of Person

FLAMINGO ARCADE LLC.

Firm/Company

234 E MERRITT ISLAND CSWY

Address

MERRITT ISLAND

City/State and Zip Code

32953

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

For further information concerning this matter, please call:

SHAHAM WAHEED

321 695-4142  
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

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

FLAMINGO ARCADE, L.L.C.

2019 OCT 28 AM 11:12

(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 10/01/2019 and assigned  
Florida document number L19000247342.

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)**

234 E MERRITT ISLAND CSWY

SUITE 103, 104, 105

MERRITT ISLAND, FL 32953

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

234 E MERRITT ISLAND CSWY

SUITE 103, 104, 105

MERRITT ISLAND, FL 32953

**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:

SHAHAM WAHEED

New Registered Office Address:

234 E MERRITT ISLAND CSWY STE 103

*Enter Florida street address*

MERRITT ISLAND

Florida 32953

*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>
MGMR	CFL SOLUTIONS, LLC.	102 DRENNEN RD	<input type="checkbox"/> Add
		STE A1 & A2	<input checked="" type="checkbox"/> Remove
		ORLANDO, FL 32806	<input type="checkbox"/> Change
MGMR	SHAHEEN MOSAVI	234 E MERRITT ISLAND CSWY	<input checked="" type="checkbox"/> Add
		SUITE 103, 104, 105	<input type="checkbox"/> Remove
		MERRITT ISLAND, FL 32953	<input type="checkbox"/> Change
MGMR	SHAHAM WAHEED	234 MERRITT ISLAND CSWY	<input checked="" type="checkbox"/> Add
		SUITE 103, 104, 105	<input type="checkbox"/> Remove
		MERRITT ISLAND, FL 32953	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee