## - L2000112265

	(Requestor's Name)			
	(Address)			
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	(City/State/Zip/Phone #)	<u> </u>		
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DIVISION OF CORPORATIONS

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Pank Flamingo LC  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:	
Name of Person	
Pank flamingo LC Firm/Company	
1320 S. Adams	
Tallahassee Fl 32301 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Lakesha Thompson at (229) 509-6423  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:    \$5.00 Filing Fee	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

fank flamingo	CC 77 17 - 50 16 111: 143
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L20001122105	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Pank flamingo LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1326 South Adams Street
(Principal office address MUST BE A STREET ADDRESS)	Talianasse fl 32301
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: UXCS	sha Thompson
New Registered Office Address: 132U	South Adams Street  Enter Florida street address
Taliaho	City , Florida 3230 \ 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>	Address	Type of Action
MGR	Calun 1 Thompson	1324 South Adams Street	🖾 Ádd
		Tallanassee A 32301	□Remove
			□Change
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Effec	tive date, if other than the date of filing: (optional)
If an et	Fective 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
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
aocur	nent's effective date on the Department of State's records.
e reco	rd 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
rd is f	ried.
Dated	<u>101 (u), acae</u> .
	, 200
	Jakisha Thompson
	Signature of a member or authorized representative of a member
	,
	Signature of a member or authorized representative of a member  Lakesha Thompson  Typed or printed name of signee