

L20 000168945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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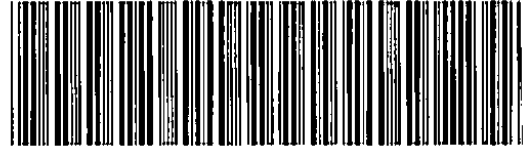
(Business Entity Name)

(Document Number)

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05/26/20--01020--015 \*\*

FILED  
2020 JUN 26 PM 2:39  
TALLAHASSEE, FLORIDA

45  
8/6/

TO: Registration Section  
Division of Corporations

SUBJECT: FLAMBOYANT GROUP CAPITAL 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:

HETTOR MIGUEL

Name of Person

PEDRO MIGUEL BUSINESS CONSULTING LLC

Firm/Company

444 BRICKELL AVE

Address

MIAMI FLORIDA 33131

City, State and Zip Code

ADM@PEDROMIGUEL.BIZ

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

2020 JUN 26 PM 2:32  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

For further information concerning this matter, please call:

HETTOR MIGUEL  
at (786) 6748  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**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

TO  
ARTICLES OF ORGANIZATION  
OF

FLAMBOYANT GROUP CAPITAL 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 06/18/2020 and a  
Florida document number L20000168945.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

FLAMBOYANT GROUP LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation

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 agent and/or the new registered office address here:**

Name of New Registered Agent:

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

or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
_____	_____	_____	<input type="checkbox"/> A
		_____	<input type="checkbox"/> R
		_____	<input type="checkbox"/> C
_____	_____	_____	<input type="checkbox"/> A
		_____	<input type="checkbox"/> R
		_____	<input type="checkbox"/> C
_____	_____	_____	<input type="checkbox"/> A
		_____	<input type="checkbox"/> R
		_____	<input type="checkbox"/> C
_____	_____	_____	<input type="checkbox"/> A
		_____	<input type="checkbox"/> R
		_____	<input type="checkbox"/> C
_____	_____	_____	<input type="checkbox"/> A
		_____	<input type="checkbox"/> R
		_____	<input type="checkbox"/> C
_____	_____	_____	<input type="checkbox"/> A
		_____	<input type="checkbox"/> R
		_____	<input type="checkbox"/> C

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FEDERAL RESERVE BANK  
NEW YORK, N.Y.

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

2020 JUN 26 PM 2:39  
FILED JUN 26 2020  
MILWAUKEE, WI

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 (

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 a record is filed.

Dated 06/25/2020

Miami, FL

Signature of a member or authorized representative of a member

HECTOR MIGUEL

Typed or printed name of signee