L21000212192

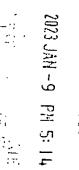
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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TO: , Registration Section

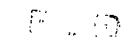
Tallahassee, FL 32314

Div	ision of Cor	porations				
CHDICAT.	Flaningo Ave Media					
SUBJECT:		Name of Limited Liability Company				
The anglace	d Agicles of	Amendment and fee(s) are sub	mitted for filing			
Please return	i all correspo	ndence concerning this matter	to the following:			
		James Duran				
	Name of Person					
Firm/Company 5134 NW 106th AVE			-			
			Address			
Doral, FL, 33178						
City/State and Zip Code						
		james.exe@gmail.com	to be used for future annual report no	*if		
For further in	nfornation co	pncerning this matter, please ca		meanon		
James Durai			305 726-3872			
	Name of	Person	Area Code Daytii	ne Telephone Number		
Enclosed is a	check for th	c following amount:				
■ \$25.00 F	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)		
	iling Address gistration S		<u>Street Address:</u> Registration Se	ection		
Division of Corporations		Division of Co	Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Flamingo Ave Media LLC

2023 JAN -9 PM 5: 15

(A Florid	a Limited Liability Company)	records.)	1. C. A.
The Articles of Organization for this Limited Liability C	Company were filed on June 11, 20		and assigned
Florida document number L21000272192	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
Flamingo Ave Films LLC			
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	"LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
Enter new mailing address, if applicable:	44		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records,	enter the name	of the new regist
Name of New Registered Agent:			
New Registered Office Address:			· · · · · · · · · · · · · · · · · · ·
	Enter Florida street	address	
		Florida	
	Cuv		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 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
			🗆 Add
			□Remove
			□ Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□ Change
			🗆 Add
			□ Remove
			□Change
			□Add
			□D

). If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
Note: If the	date, if other than the date of filing:
the record spectral is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	January 3 2023
	Signature of a member or authorized representative of a member
	James Duran
•	Typed or printed name of signee

.

Filing Fee: \$25.00