LU 000 388323

(Requestor's Name)	
(Address)	
(Addless)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Degument Number)	
(Document Number)	
Certified Copies Certificates of Status	S
Special Instructions to Filing Officer:	
le.	
1001/15	

Office Use Only



400403763174

03/08/23--01021--012 **38.00

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Flamin	130 Place LLC	
3003EC1.	Name of Linu	ited Liability Company	
The enclosed Articles of z	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		David Tacobso Name of Person	,,,
	Flan	ningo Place L	LC
	,	P.O. Lox 18404 Address	
		Address	
	To	City/State and Zip Code CCOBSONSS @ Code to be used for future annual report notified.	675 COM 5
	6.1	City/State and Zip Code	2 40 / CDM E.
	F-mail address: (to be used for future annual report notif	(cation)
For further information co	oncerning this matter, please c	all:	Ç
David 3	Tacobson	at (813) 73/	1653
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne following amount:	all: at (7/3) Area Code Daytime	
☐ \$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 Addres Registration		Street Address: Registration Sec	
Division of C	Corporations	Division of Cor The Centre of T	
P.O. Box 632 Tallahassee,			e Street, Suite 810

Tallahassee, Fl. 32303

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

Flamingo	Place L	LC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears of Liability Company)	n our records.)		
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L210003883223}$.	y were filed on	131/2021	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company here:			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the desig	mation "LLC" or the abb	reviation "L.L	.C."
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 BON)		- 1	12 Co	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	ords, enter the name	of the new	registered
		• •	<u>.</u> . <u></u>	
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida	street address		
	City	, Florida	Zip Code	·
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>			

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:

or remov	<u>rea from our records:</u>			
MGR =	Manager			

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			□ Change
			□Add E DRemove
			Change
			∴ ⊟Add
			□Change
			□Add
	·		□Remove
			Change
			____________\
			□Change

• .		ation, enter char						
<u>Chai</u>	Nging	The LLC Manager	:_ <u>Fro</u>	m ac	Meml	ber 1	nava	9 cd
LLC	To a.	Manager	- Mana	ged_	LLC	64	Mez	Ting
hold	by all	Member	5 013	Mar	ch /	202.	3 a	T
080	_1019_001.	Member Verson	0 1,11	CTE	/DD	Tan	00 F	1 33620
312	<u>s neva</u>	ersun 1	31Va.,	3/6	100	<u>rang</u>	<u> </u>	 _
					.			
								
·					,			
					<u>. </u>		-; .	202
				 				<u> </u>
							<u></u>	
							· · · · · ·	
							<u>:</u>	
			-				-	<u>د</u> ي
								
an effective date i fore: If the date	is listed, the date me inserted in this	ne date of filing: nust be specific and ca block does not mee Department of Sta	innot be prior to c et the applicabl	e statutory	or more man	20.0972.000	a mingare	irsuant to 605,02 Il not be listed :
record specifies I is filed.	a delayed effect	tive date, but not ar	i effective time	, at 12:01 a	.m. on the e	arlier of: (h) The 9	Oth day after th
Dated	24- E	1	2023					
		Signature of a me	mber or authorn	ed represent	ative of a me	mber		
	0							
		Mulia	Jaco	ohso	ν			

Filing Fee: \$25.00