

Florida Department of State
 Division of Corporations
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L24000114868

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : ALL7 SERVICE LLC
 Account Number : 12024000077
 Phone : (407)970-8143
 Fax Number : (689)218-0977

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MIG RESIGN
FLAMINGO NEW HOMES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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RECEIVED
 09:01 AM - 8 AUG 2024
 DIVISION OF CORPORATIONS
 2024

APPROVED
 AND
 FILED
 2024 AUG - 9 PM 5:29
 DIVISION OF CORPORATIONS

K. Brumby
 12 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLAMINGO NEW HOMES 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 03/06/2024 and assigned Florida document number 124000114868.

This amendment is submitted to amend the following:

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

N/A
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: N/A
(Principal office address MUST BE A STREET ADDRESS) N/A
N/A

Enter new mailing address, if applicable: N/A
(Mailing address MAY BE A POST OFFICE BOX) N/A
N/A

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: N/A
New Registered Office Address: N/A
Enter Florida street address
N/A, Florida N/A, N/A
City *Zip Code*

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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>
AMBR	JOSE LEITE DE BARROS NETO	RUA DAS BRISAS -55CUIABA, MT 78048--225 BR	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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