

L24000285247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

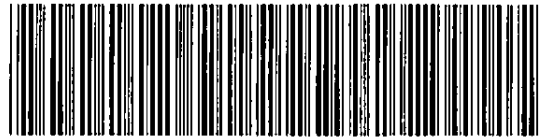
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/1/2010 10:27:40 AM

10/1/2010 10:27:40 AM

Blue Flamingo Holdings, LLC

16769 Secret Meadows Drive
Odessa, Florida 33556

Email: Contact@BlueFlamingoLLC.com
Phone: (813) 842-9228

July 10, 2024

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Amendment Request for Correction of Name – Florida Document Number L24000285247

Dear Sir/Madam,

I am writing on behalf of Blue Flamingo Holdings, LLC to request an amendment to the name of one of our members, as listed in our records with the Florida Department of State, Division of Corporations.

Upon review, we have identified an error in the name of our member AMBR Labrooy Nicholas. The name is currently recorded backwards, with the first name and last name reversed. The correct name should read as follows:

First Name: Nicholas
Last Name: Labrooy

The assigned Florida document number for our entity is L24000285247. Please update your records to reflect the correct name as indicated above.

Enclosed with this letter are the required documents and the amendment fee. If there are any additional steps we need to take or if further information is required, please do not hesitate to contact me at (813) 842-9228 or Contact@BlueFlamingoLLC.com.

We appreciate your prompt attention to this matter and thank you for your assistance.

Sincerely,



Antonio Brasko
AMBR / Agent
Blue Flamingo Holdings, LLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLUE FLAMINGO HOLDINGS, 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:

ANTONIO BRASKO

Name of Person

BLUE FLAMINGO HOLDINGS, LLC

Firm/Company

16769 SECRET MEADOWS DRIVE

Address

ODESSA, FL. 33556

City/State and Zip Code

CONTACT@BLUEFLAMINGOLLC.COM

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

For further information concerning this matter, please call:

ANTONIO BRASKO

813 842-9228
at ()

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

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

BLUE FLAMINGO HOLDINGS, 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 JUNE 24, 2024 and assigned
Florida document number L24000285247.

This amendment is submitted to amend the following:

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

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:

(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 registered 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

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	Labrooy Nicholas	16769 SECRET MEADOWS DRIVE ODESSA, FL. 3:	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Nicholas Labrooy	16769 SECRET MEADOWS DRIVE ODESSA, FL. 3:	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
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			<input type="checkbox"/> Change

2007-08-09
06:11:09

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JULY 10 2024

Typed or printed name of signee