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A. PARISHANI AUG - 3 2024

COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT: Flaming	o Park, LLC		
	Name of L	mited Liability Company	
The enclosed Aminton			
	of Amendment and fee(s) are su		
Total an come	pondence concerning this matte	r to the following:	
	Steven Shishko		
		Name of Person	
	Beacon Law Group LLC		
		Firm/Company	
	190 Bridge Street, #3306		
	· · · · · · · · · · · · · · · · · · ·	Address	
	Salem, MA 01970		
	eshichla@heranda	City/State and Zip Code	
	sshishko@beaconlawgroup E-mail address:	to be used for future annual report not	(fication)
For further information	concerning this matter, please of		
Steven M Shishko, Esq	,	617 600-4808	
Name	of Person	at ()	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enchand)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Malling Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration See Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee c Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Flamingo Park, LLC	
(Name of the Limited Liability Company a (A Florida Limited Liab	it now appears on our records.)
The Articles of Organization for this Limited Liability Company wer	G12 June 26, 2024
Florida document number L24000286699	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
Flamingo Park Suite 14/15, LLC	
The new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "[] [" or the abhanistics "] [C. "
Enter new principal offices address, if applicable:	and of the above value in L.C.
(Principal office address MUST BE A STREET ADDRESS)	
_	
Enter new mailing address, if applicable:	
Malling address MAY BE A POST OFFICE BOX)	
R. If amonding the control of	
 If amending the registered agent and/or registered office addressed and/or the new registered office address here: 	ess on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
cw Registered Agent's Signature, if changing Registered Agent	ity 74p 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:

<u>Title</u>	<u>N</u> ame	Address	
<u> </u>	Name	Address	Type of Action
			□Add
			□ Remove
			©Change
			□Add
			□ Remove
			Change
			□Remove
			☐ Change
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			□Remove
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			□Change

-		on, enter change(s) here: (Attach	(additional sheets, if necessary.)	
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Note: If document	n's effective date on the Depart	 specific and cannot be prior to date of film t does not meet the applicable statutor artment of State's records. 	(optional) mg or more than 90 days after filing.) Possuum ry filing requirements, this date will not b	be listed as the
ous 2 mes	 -			
Dated	ly 16	. 2024		
	Sign	mature of a member or authorized represen	antative of a member	_

Filing Fee: \$25.00