L25000082813

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Received Back 7-7-25

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Office Use Only



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Division of Corporations

June 9, 2025

FLANCHO LLC 11054 W 35TH LANE HIALEAH, FL 33018 US

SUBJECT: FLANCHO LLC Ref. Number: L25000082813

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$0.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

You must submit the complete application. Complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Mary C Malone Amendment Section

Letter Number: 225A00012371

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Sec Division of Cor				
FLANCHO	LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.		
Please return all correspo	ndence concerning this matter t	to the following:		
	ABDIEL J ANDINO			
		Name of Person		
	FLANCHO LLC			
		Firm/Company		
	11054 W 35TH LANE			
		Address		
	HIALEAH, FL 33018		·	2025 .
		City/State and Zip Code	÷.	
	FLANCHOUS@GMAIL.C		.\ 	-7
		to be used for future annual report notif	ication)	ÁK
For further information of	concerning this matter, please co	all:	·	AK 10: 07
ABDIEL J ANDINO		939 218-3732 at ()		<u> </u>
Name o	of Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$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)	
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	ction	
Division of O	Corporations	Division of Cor	porations	
P.O. Box 63: Tallahassee,		The Centre of T	allanassee e Street, Suite 810	
rananassee.	しし リムショブ	A 113 1 11 10 11 10		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabil	lity Company as it now appears on of la Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability (Florida document number	Company were filed on <u>0</u> 2		gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the designa	ation "LLC" or the abbreviation "L.L.	C."
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADD	ORESS)	<u> </u>	
Enter new mailing address, if applicable:		21 17 16 17 0	
(Mailing address MAY BE A POST OFFICE BOX)			;
B. If amending the registered agent and/or register agent and/or the new registered office address here:	ed office address on our recor	ds, enter the name of the new	O registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida si	reet address	
		, Florida	
	Cuy	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 am ending 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
MGR	ABDIEL J ANDINO	11054 W 35TH LANE HIALEAH, FL 33018	
			□Remove
			□ Change
			□ Add
			□Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
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ective date, if other than the date of filing a effective date is listed, the date must be specific and te: If the date inserted in this block does not not ument's effective date on the Department of S	f cannot be price neet the appli	icable statut	iling or more ory filing re	than 90 days a	ptional) ifter filing.) P this date wi	ursuant to 6 ill not be li)5.020 sted a
cord specifies a delayed effective date, but not s filed.	an effective	time, at 12:	01 a.m. on	the earlier of	(b) The 9	90th day af	ter th
FEBRUARY 27	2025					. •	2025
ed		7	/_			:	2025 JUL
Signature of a	member or aut	thorized renr	esentative of	a member		7.2.	-7

Dur E 635.00