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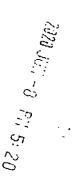
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JUN 23 2020

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COVER LETTER

TO:

Tallahassee, FL 32314

TO:	Registration Se Division of Corp			
	Flipmode Ir	ivestments, LLC		
SUBJEC	CT:		ited Liability Company	
The encl	osed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		John Cadena / Nurys Thuri	mond	
			Name of Person	
		Flipmode Investments, LL	С	
			Firm/Company	. <u> </u>
		7334 SW 135th Court		
			Address	
		miami, fl 33183		
		spectrumsolutions 1@icloud	City/State and Zip Code	
		E-mail address: (to be used for future annual i	report notification)
		oncerning this matter, please ca		
John Ca	edena -		786 278	3-5444
	Name o	f Person	Area Code	Daytime Telephone Number
Enclosed	d is a check for th	ne following amount:		
■ \$ 25	.00 Filing Fec	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of Status &
	Mailing Addres		Street Ad	
	Registration S Division of C		-	ation Section of Corporations
	P.O. Box 632			ntre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Flipmode Investments, LLC	2	020 JUN -8 PM 5: 20
(Name of the Limited Liabi (A Florid	lity Company as it now appears on da Limited Liability Company)	our records.)
ne Articles of Organization for this Limited Liability orida document number	Company were filed on 4/23/20	and assigned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
ne new name must be distinguishable and contain the words "Lin	mited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		13-
Principal office address MUST BE A STREET ADD	RESS)	
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registerent and/or the new registered office address here:		ds, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	Enter Florida s	treet address
	/**	, Florida Zip Code
	City	∠ip 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:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	Name	Address 2020 JUL - 8 PH 5: 20 7334 SW 135th Court	Type of Action
MGR	John Cadena	7334 SW 133th Cour.	= Add
		Miami, FL 33183	□Remove
			□Change
	 		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Chanec

Effective date, if other than the date of filing: [(optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 Note; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.	ffective date, if other than the date of filing:		2620 11:
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Signature of a member or authorized representative of a member		Nurys Thurmond	