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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **MAKE CASH FLIPPING CARS 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:

STEVEN BETANCUR

Name of Person

MAKE CASH FLIPPING CARS LLC

Firm/Company

7521 PAULA DR SUITE 261052

Address

TAMPA FL 33615

City/State and Zip Code

MAKECASHFLIPPINGCARS@GMAIL.COM

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

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DIVISION OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

STEVEN BETANCUR

Name of Person

at

813 455-1495

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAKE CASH FLIPPING CARS LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	STEVEN BETANCUR	7521 PAULA DR	<input checked="" type="checkbox"/> Add
		SUITE 261052	<input type="checkbox"/> Remove
		TAMPA FL 33615	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 9, 2014



Signature of a member or authorized representative of a member

STEVEN BETANCUR

Typed or printed name of signee

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Filing Fee: \$25.00

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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