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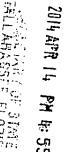
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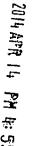
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COVER LETTER

TO:

Registration Section Division of Corporations

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)

For further information concerning this matter, please call:

STEVEN BETANCUR

at (813) Area Code Daytime Telephone Number

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAKE CASH FLIPPING CARS LLC		
(<u>Name of the Limited Liability Company as it now appea</u> (A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{0}{2}$ Florida document number $\frac{14000057959}{2}$.	04/09/2014 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company h	<u>iere</u> ;	
The new name must be distinguishable and end with the words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."	**
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	₫0.25 - - - - - - - - - -	
	البائدة الم	
	<u> </u>	
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 or registered agent and/or the new registered office address here:	n our records, enter the name of the ne	w
Name of New Registered Agent:		
New Registered Office Address:		
Enter Flo	orida street address	
	. Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 **Type of Action Address** Title Name 1 7521 PAULA DR STEVEN BETANCUR MGR **■** Add **SUITE 261052** ☐ Remove **TAMPA FL 33615** □ Add ☐ Remove □Ādd □ Remove □ Add ☐ Remove ☐ Add ☐ Remove □ Add ☐ Remove

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