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| (Requestor's Name) | | | | |
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| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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June 20, 2017

SALINA M ANDERSON 1686 CALLE BONITA PENSACOLA BEACH, FL 32561

SUBJECT: FRUGAL FLIPPERS LLC

Ref. Number: L14000140993

We have received your document for FRUGAL FLIPPERS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Name is unavailable, please choose another name.

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) 245-6051.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 517A00012463

COVER LETTER

| ro: | Registration Division of C | | | |
|-----------------|-------------------------------|---|---|--|
| | | lippers LLC | | |
| SUBJEC | | Name of Lin | nited Liability Company | |
| The encl | osed Articles | of Amendment and fee(s) are sub | omitted for filing. | |
| lease ro | eturn all corres | spondence concerning this matter | to the following: | |
| | | Salina M Anderson | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | 1686 Calle Bonita | | |
| | | | Address | |
| | | Pensacola Beach, FL 3256 | il | |
| | | salina.mather@gmail.com | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report notifies | tion) |
| or furth | ner information | n concerning this matter, please c | all: | |
| Salina N | 1 Anderson | | 303 3059735 at () | |
| | Nam | e of Person | at () Area Code Daytime T | elephone Number |
| Inclosed | i is a check fo | r the following amount: | | 独山后 |
| □ \$ 25. | 00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

TO:

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

Frugal Flippers LLC

| (<u>Name of the Limited Li</u> (λ F) | ability <u>Company as it now appears on our records.</u>) orida Limited Liability Company) |
|--|--|
| The Articles of Organization for this Limited Liabili Florida document number $\frac{L14000140993}{L14000140993}$ | ty Company were filed on 09/09/2014 and assigned and assigned |
| This amendment is submitted to amend the following | g: |
| A. If amending name, enter the new name of the | limited liability company here: |
| The new name must be distinguishable and contain the words | "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." |
| Enter new principal offices address, if applicables | : |
| (Principal office address MUST BE A STREET AI | DDRESS) |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or registered agent and/or the new registered office | registered office address on our records, enter the name of the new |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| _ | Civ Florida Zip Code |
| New Registered Agent's Signature, if changing Regis | stered Agent: |
| provisions of all statutes relative to the proper as accept the obligations of my position as registere | gent and agree to act in this capacity. I further agree to complety ith the nd complete performance of my duties, and I am familiar with and ed agent as provided for in Chapter 605, F.S. Or, if this document is stered office address. I hereby confirm that the limited liabilityinge. |

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> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|--------------------|---------------------------|----------------------------------|
| AMBR | Matthew R Anderson | 1686 Calle Bonita | |
| | | Pensacola Beach, FL 32561 | ■ Remove |
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| Effective | date, if other than the dat we date is listed, the date must be | 06/15/2017 le of filing: | 7 | (optional |) |
| Note: If t | we date is listed, the date must be the date inserted in this block 's effective date on the Depar | does not meet the appli | cable statutory filing re | than 90 days after filin equirements, this dat | g.) Pursuant to 605.020° e will not be listed as |
| | d specifies a delayed ef Oth day after the record | | ot an effective tim | e, at 12:01 a.m | . on the earlier o |
| Dated | <u>5/25</u> | 2013 | <u>}</u> . | | |
| | Sig | nature of a member or aut | horized representative of | a member | |
| | Salina M Anderson | | | | 7 |
| | | Typed or prin | ted name of signee | | |
| | | Pag | e 3 of 3 | | -7 P |
| | | Filing 1 | fee: \$25.00 | | 의 (주 주) (5 |