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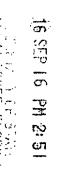
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Special Instructions to F	iling Officer:	
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Office Use Only



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COVER LETTER

10:	Registration Sec Division of Corp			•
SUBJI	Flip That	House LLC	, .	·
301301		Name of Lim	ited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Charlie	C Carter	
			Name of Person	
			Firm/Company	
		1282 Lı	uffness Dr.	
			Address	
		Jackson	ville, Fl 32221	
			City/State and Zip Code pie77@gmail.com	
			to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please co	all:	
Char	lie Carter		904 238-7120 at ()	
	Name of	Person .	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
□ \$ 2:	5.00 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

Flip That House LLC			
(Name of the Limi	ted Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited L Florida document number L16000122312	iability Compan	y were filed on	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited lia	bility company here:	
Poseidon Homes and Investments LLC			
The new name must be distinguishable and contain the v	vords "Limited Lial	bility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	same address	
(Principal office address MUST BE A STREE	T ADDRESS)		
		same address	
Enter new mailing address, if applicable:		same address	
(Mailing address MAY BE A POST OFFICE	BOX)		
		····	* ************************************
			65 S
B. If amending the registered agent and registered agent and/or the new registered o			
registered agent and/or the new registered o	ince address ne	<u>:re</u> :	SSE 15
Name of New Registered Agent:	N/A		7 7 17
New Registered Office Address:	N/A		02:25 02:05
-		Enter Florida street address	and a
		, Florida	
		City	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 Changing Registered Agent, Signature of New Registered Agent

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> **Address** Type of Action □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Clange ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove □ Change

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Signature of a member or authorized representative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00