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SCOKETARY OF STATE
TALLAMASSEE, FROME

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Flip Flop Metal Shop 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:	
Rickey L- Elkiss	
Custom Metal Shop, UC	
13355 Belcher Rd. S. Un. 7 401 Address	
LARGO FL 33773 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Rickey E/Kins at (727) 492-0148 Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution Status Securified Copy (additional copy is enclosed)  \$25.00 Filing Fee Solution Status Securified Copy (additional copy is enclosed)  \$25.00 Filing Fee Solution Securified 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 Flop N	1etal	SLOP	41	<u> </u>
( <u>Name of the Limited Li</u> (A F	<b>iability Còmpany</b> Iorida Limited Lia	vas it now appe bility Company	ears on our records.)	<b>6 3</b>
The Articles of Organization for this Limited Liabilifold document number \(\(\begin{align*} \(\begin{align*} \left( \left( \cdot \cdot \end{align*} \) \(\delta \cdot \cdot \cdot \end{align*} \(\delta \cdot \cdot \cdot \end{align*} \) This amendment is submitted to amend the following A. If amending name, enter the new name of the	// ng:			AR tassigned E LI  AR tassigned
The new name must be distinguishable and contain the words	"Limited Liability	Company," the		
Enter new principal offices address, if applicable	<b>::</b>	_13355	BEloher Ro	1.5. Unit 401
(Principal office address MUST BE A STREET A	DDRESS)	LARGE	, FL 3377	3
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX	<u>vo</u>	P.0 C/8	· Box 4952 munter, F	2 33758
B. If amending the registered agent and/or r registered agent and/or the new registered office	•	ce address (	on our records, <u>en</u>	ter the name of the new
Name of New Registered Agent:	Rio	KEN L	- Elkius	
New Registered Office Address:	/335	BE CON	ker Rd. S. l Torida street address	1/21.7 401
	LARGI	9	, Florida	33773
	<del>Verte</del>	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 Title **Type of Action** Name **Address** Randy Sullivan 1730 Wafield RD Clearwater FL 33756 Remove MgR. ☐ Change 13355 Belchen Rol. S. Unit PAdd Our Lickey L. ElKiU1 MgR. LARGO, FL 33773 ☐ Change 13351 Belchen Rd. 5 Unit MADD Johnny C. Wyoth LARGO, FL 33773 - Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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Filing Fee: \$25.00