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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sasmess Emily Maine)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

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TO: Registration S Division of Co			
	twear LLC		
SUBJECT:		nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	pondence concerning this matter	r to the following:	
	Kascy Hess		
		Name of Person	
	Flips Footwear LLC		
		Firm/Company	
	12231 Main Street, Unit 2	246	
		Address	
	l San Antonio, Florida 335	76	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	kasey@flipsfootwear.com		
For further information	E-mail address; concerning this matter, please of	(to be used for future annual report not call:	ification)
Kasey Hess	i	813 830-3223 at ()	
Name	of Person	Area Code Daytin	ne 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)
Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Fl. 32314	STREET/COUR Registration Section Division of Corpor Clifton Building 2661 Executive Control Tallahassee, FL 37	on orations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

* 1

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Flips Footwear LLC		
(Name of the Limited Liab	ility Company as it now appears on our records.) da Limited Liability Company)	
(2011)		
he Articles of Organization for this Limited Liability	Company were filed on 1/17/2017	and assigned
florida document number L17000012664		
Torida document number	 ·	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
he new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the al	obreviation "L.L.C."
-		
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADD</u>	DRESS)	
1		
1		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or reg		the name of the no
registered agent and/or the new registered office ad	dress nere:	100 mg
		聖色 夏 物
Name of New Registered Agent:		
		147 - 147
New Registered Office Address:		
	Enter l'Iorida street address	
	. Florida	(vi
	City	Zip Code (1)
New Registered Agent's Signature, if changing Register		3 7
vew Registered Agent's Signature, it changing Register	ed Agent:	
hereby accept the appointment as registered agen	it and agree to act in this capacity. I further ag	ree to comply with th
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 reg <mark>is</mark> tered	agent as provided for in Chapter 605, F.S. Or.	, if this document is
being filed to merely reflect a change in th <mark>e r</mark> egister	red office address. I hereby confirm that the lii	nited liability
company has been notified in writing of thi <mark>s c</mark> hange	٤.	
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	If Changing Registered Agent, Signature of New Re	egistered 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 = 1 AMBR = 1	Manager Authorized Member	•		
<u>Title</u>	<u>Name</u>	i L	Address	Type of Action
MGR	Kevin J Hess		12231 Main Street, Suite 246	
			San Antonio, Florida 33576	☐ Remove
				Change
				Add
		!		☐ Remove
				Change
				□ Add
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ective date, if other than a effective date is listed, the date	the date of filing: _ must be specific and car	anot be prior to date o	f filing or more than 90 d	_ (optional) lays after filing.) Pursuant	to 605.020
te: If the date inserted in thi current's effective date on the	s block does not mee e Department of State	t the applicable sta e's records.	utory filing requireme	nts, this date will not b	e listed a
				E to	(an)
record specifies a dela he 90th day after the i		e, but not an e	fective time, at 1	2:01 a.m. on the	earlier (
ne soul day after the	ecord is filed.				NOV -
November 14th		2017		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	17
	7	1/-			말
	Signature of a men	nber or authorized re	presentative of a member	<u> </u>	<u> </u>
		\sim			$\tilde{\Sigma}$
Kasey Hess	1				

Page 3 of 3

Filing Fee: \$25.00