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## COVER LETTER

	egistration Sec ivision of Corp		•	
elib iecz		novations, LLC		
SUBJECT	·	Name of Lim	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclose	ed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please retu	rn all correspor	ndence concerning this matter	to the following:	
		Richard Broider		
			Name of Person	
		Flipside Renovations, LLC		
			Firm/Company	
		14851 FL-52, Suite 162		
			Address	
		Hudson, FL 34669		
			City/State and Zip Code	
		rick@flipsiderenovations.co		
		E-mail address: (	to be used for future annual report	t notification)
For further	information co	ncerning this matter, please ca	all:	
Richard (R	ick) Broider		603 662-49°	71
	- Name of	Person	Area Code D	aytime Telephone Number
Enclosed is	a check for the	e 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

Flipside Renovations, LLC			
(Name of the Lin	ited Liability Compa (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Florida document number L17000012665	Liability Company	were filed on January 17	, 2017 and assigned
This amendment is submitted to amend the fo	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
			· ·
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	14851 FL-52, Suite 162	
(Principal office address MUST BE A STREET ADDRESS)		Hudson, FL 34669	
Enter new mailing address, if applicable:		14851 FL-52, Suite 162	
(Mailing address MAY BE A POST OFFICE	BOX)	Hudson, FL 34669	
	_ <del></del>		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	ecords, <u>enter the name of the ne</u> v
New Registered Office Address:	14851 FL-52, S	Suite 162	
		Enter Florida street	address
	Hudson		_, Florida <sup>34669</sup>
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the project.		• •	

Page 1 of 3

If Changing Registered Agent, Signature of New

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.

7ATE

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	<b>Type of Action</b>
MBR	Efficiency Factor, Inc.	1418 Coburn Drive	
		Tarpon Springs, FL 34689	Remove
			□ Change
	-		Add
			☐ Remove
			Change
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	February 17. 2	2017		
ive date, if other than the ective date is listed, the date must	date of filing: February 17, 2	date of filing or more tha	(optional) n 90 days after filing.)	Pursuant to 605
If the date inserted in this blo ent's effective date on the De	ock does not meet the applicable	le statutory filing requ	irements, this date	will not be liste
ent's effective date off the De	partment of State's records.			
ord specifies a delayed	effective date, but not a	an effective time	at 12:01 a.m. r	on the earlie
90th day after the reco		an enceave anne,	de 12.01 dimi	on the carre
F.1. 00	2017			
February 20	2017			
				•
	Signature of a member or authoris	of representative of a m	ember	= -
	Signature of a member or author	od representative of a m	AS AS	
Richard Broider	Signature of a member or authorise Typed or printed in	·	RETAI	T T T T T T T T T T T T T T T T T T T

Filing Fee: \$25.00