

L17000058103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

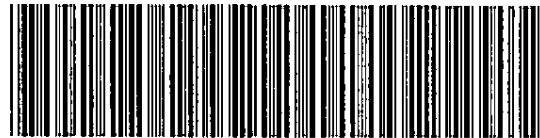
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200301753662

09/15/17--01004--015 \*\*25.00

FILED  
SEP 15 2017  
17  
SEP 15 2017  
17  
SEP 15 2017  
17

D. SCOTT

SEP 18 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EZ FLIPPINGLLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing

Please return all correspondence concerning this matter to the following:

ALEXANDRA LUIDVINOVSKY

Name of Person

EZ FLIPPINGLLC

Firm/Company

20807BISCAYNE BLVD STE 100

Address

MIAMI, FL 33180

City/State and Zip Code

alexandra.luid@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEXANDRA LUIDVINOVSKY

305 904-8159  
at ( )

Name of Person

Area Code

Daytime 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)

**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

FILED  
SEP 15 11 08 AM  
TALLAHASSEE, FL

## EZ FLIPPING LLC

Page 1 of 3

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>	<u>Type of Action</u>
AMBR	TeresaDe Los Rios	6135 Caladium Rd Delray Beach F	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

2017

Signature of a member or authorized representative of a member

ALEXANDRA LUIDVINOVSKY

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**