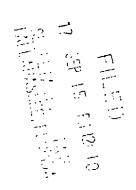
4700058103

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



200301753662

09/15/17--01004--015 **∂5.00



D. SCOTT **SEP** 1 8 2017

COVER LETTER

• • • • • • • • • • • • • • • • • • • •	on Section f Corporations		
EZ FI	LIPPINGLLC		
SUBJECT:	Name	of Limited Liability Company	
The enclosed Articl	les of Amendment and feets) a	re submitted for filing	
Please return all co	rrespondence concerning this	 matter to the following: 	
	ALEXANDRA LUI	DVINOVSKY I	
		Name of Person	
	EZ FLIPPINGLLC		
		Firm/Company	
	20807BISCAYNE	BLVD STE 100	
		Address	
	MIAMI, FL 33180		
	-	City/State and Zip Code	
	alexandra.luid@gm	ail.com dress: (to be used for future annual report notification)	40 4
For further informa	tion concerning this matter, pl		1000年至
ALEXANDRA LU	IIDVINOVSKY	305 904-8159	্র
N	ame of Person	at () Area Code Daytime Telephone Number	
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F	ce S30.00 Filing Fee Certificate of Sta	tus Certified Cupy Certifica (additional copy is enclosed) Certified	te of Status &
R D P	1AILING ADDRESS: egistration Section Division of Corporations .O. Box 6327 allahassee, 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

EZ FLIPPINGLLC		
(Name of the Lit	nited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
	(A Florida Limited Liability Company)	
	024247	
The Articles of Organization for this Limited	Liability Company were filed on 03/13/17	and assigned
Florida document number L17000058103		
гюнда досишен натос:	· · · · · · · · · · · · · · · · · · ·	
This amendment is submitted to amend the fo	Howing:	
A. If amending name, <u>enter the new name</u>	of the limited liability company here:	
The same some the distinguishable and graphic th		abbreviation "L.L.C."
The new name mass of distinguishable and comain to	Thinks Employ Company. The designation line of the	1200
Enter new principal offices address, if app	licable:	
(Principal office address MUST BE A STRI		
Trincipal office address widst bl. A STRI		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFIC	E BOX)	
	id/or registered office address on our records, ente	er the name of the ne
registered agent and/or the new registered	office address here:	
Name of New Registered Agent:		5.1
N. D. '. 1600 A.11		
New Registered Office Address:	Enter Florida street address	
	Lance current successions	· · · · · · · · · · · · · · · · · · ·
	, Florida	
	City	Zip Code
	II	

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

IGR = N MBR = A	lanager uthorized Member		
itle	<u>Name</u>	Address	Type of Action
MBR 	TeresaDe Los Rios	6135 Caladium Rd Defray Beach F	■ Add
			☐ Remove
			D Change
			Remove
			☐ Change
			□ Remove
			☐ Change
			🗅 Add
			□ Remove
			☐ Change
			
			Remove
			Change
			Add

If amending any other information, enter change(s) here: (Attach additional shee	rts, if necessary.)	
		
		
		
Effective date, if other than the date of fling: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	ements, this date will not b	e fisicu as i
he record specifies a delayed effective date, but not an effective time, a The 90th day after the record is filed.	12.01 a.m. on the c	
Dated July 10th 2017	;•	<u>-</u> -
		'n
Signature of a member or authorized representative of a mer	nber :	
ALEXANDRA LUIDVINOVSKY	1-	
Typed or printed name of signee		_
Page 3 of 3		

Filing Fee: \$25.00