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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Flip Masters INVestment 9000 P
Dear Sir or Madam:
The enclosed Statement of Correction and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Doffis Absher
Firm/Company
8727 Phillips HW #409
Jax, fla, 32256 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Doffis Abeler at (904) 305-3904  Name of Person at (904) Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee \$\ \text{Certificate of Status} \text{S55 Filing Fee & Certified Copy} \text{Certificate of Status & Certified Copy} \text{Certified Copy}

CR2E062 (9/15)

## STATEMENT OF CORRECTION **FOR** FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST	:The name of the limited liability company is:			
	Flip Mastecs INVESTMent GLOUP			
SECO	ND: The Florida Document number of the limited liability company is:			
THIRI	Document to be corrected is: Atticles of Occanization			
,	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT			
	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:			
	My last name is spelled ABSHER  DEFES Absher not ARSHIRE			
	Please correct last name			
	<u>OR</u>			
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:  Detailed By entity NAM  ON 600 bizz 1000 cect 1005 pym.			
	OR  OR  OR			
Ц	The electronic transmission of the record was defective.  Signature of Authorized Representative  Date			
Signatu acceptir	re of new registered agent. if applicable :( NOTE: if correcting the registered agent, the new registered agent must sign ng the designation).			
I hereby provisio obligati	egistered Agent's Signature, if changing Registered Agent:  w accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the  cons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the  cons of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely  a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing  change.			
	Registered Agent's Signature			
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)			

\$30.00 (optional)