117000 180818

(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



700334337677

Ub/18-1 --81.0] -UUs **m. ...

25H SEP 19 FP 1: 21

ÖČY - 2019

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	De Fliped Nume of Limite	ed Liability Company	<u>LC</u>	
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.		
Please return all correspor	idence concerning this matter to	o the following:		
	() >6147	Mongan		
	Prestoria	Name of Person Firm/Company	ty LL(
	- Sal Hack	Address Address	<u> </u>	
		City/State and Zip Code		
	E-mail address: (to	be used for future annual re	eport notification)	
For further information ec	oncerning this matter, please cal			
Name of	Person $\int_{-\infty}^{\infty} \int_{-\infty}^{\infty} \int_$	at (() () () () () () () () ()	Daytime Telepho	one Number
Enclosed is a check for th	e following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encle		\$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

AMENDMENT TO ARTICLES OF ORGANIZATION OF

be Flipped Flip	icla LLC	FILED		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our re	cords.)		
The Articles of Organization for this Limited Liability Company Florida document number \(\textstyle \) \(were filed on 8 10	25H SEP 19 P 1: 26 B 1 1 and assigned ALLAHASSEE, FLOMBA		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
Thestoration Meal-	ti LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	'LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	3015 FISCA	1 (2017)		
(Principal office address MUST BE A STREET ADDRESS)	is) se Palm	Reach F. 3340		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	BRI Harb	Death Fr. 33410		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		ords, enter the name of the ney		
New Registered Office Address:				
New Registered Office Address: Enter Florida street address				
		, Florida		
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete				

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.

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			□ Remove
			□ Change
		.	□ Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			□ Add
			Remove
			Change
			Add
			□ Remove
			☐ Change

\cdot
ffective date, if other than the date of filing:(optional)
ffective date, if other than the date of filing:
an effective date is listed, the date must be specific and cannot be prior to date of filing of more data. Wodays after filing 7 disdance of the object of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
ocument's effective date on the Department of State's records.
ocument 5 effective date on the Department of State 3 records.
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
The 90th day after the record is filed.
The 90th day after the record is med.
2110
Dated Stolembir M. Zila.
att I I I criun
Signature of a member or authorized representative of a member
(Sith) Margan
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00