

L17 0000201670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

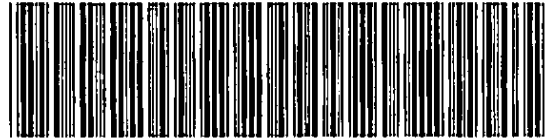
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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LLC N/C amend

05/09/22--01048--016 **30.00

2022 JUL 21 AM 10:53

FILED

A. RAMSEY
JUL 21 2022

*00789, 00524, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2022

JACKELYN APONTE CARAZO
8311 N. HILLSBOROUGH LANE
TAMPA, FL 33604

SUBJECT: STAYFLIPPLINGLLC.
Ref. Number: L17000201670

We have received your document for STAYFLIPPLINGLLC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please include the second page of the amendment form even if you are not changing the authorized persons. Please fill in the date of signing at the bottom of the last page. I have enclosed a blank page 2 for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey
OPS

Letter Number: 822A00015236

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STAY FLIPPLING LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jackelyn Aponte Carazo
Name of Person

Firm/Company

8311 N. Hillsborough Lane
Address

Tampa FL 33604
City/State and Zip Code

jackie aponte@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jackelyn Aponte Carazo at (813) 516-0941
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

STAYFLIPPING LLC

2022 JUL 21 AM 10:53

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/29/2017 and assigned
Florida document number L17000201670.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

STAY FLIPPING LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

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 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

[illegible]

Lined area for text entry.

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated

7-19 2022

Jackelyn Aponte Caraza

Signature of a member or authorized representative of a member

Jackelyn Aponte Caraza

Typed or printed name of signer

Filing Fee: \$25.00