

L17000202722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2023 OCT -2 AM 11:45
SEC
TAL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Frankie Flips 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:

Francois Holstein

Name of Person

LEADSTINGER LLC

Firm/Company

5036 Dr. Phillips Blvd.

Address

Orlando FL 32819

City/State and Zip Code

support@leadstinger.com

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

For further information concerning this matter, please call:

Francois Holstein

Name of Person

at (407)

Area Code

729-6910

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
2111 N. G St., Tallahassee, FL 32310

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FRANKIE FLIPS LLC

(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 8:00 AM October 02 2017 and assigned Florida document number L17000202722.

This amendment is submitted to amend the following:

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

LEADSTINGER 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:

5036 Dr. Phillips Blvd., Orlando FL 32819

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

5036 Dr. Phillips Blvd., Orlando FL 32819

(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:

5036 Dr. Phillips Blvd.

Enter Florida street address

Orlando

City

Florida

32819

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 adding / 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>
MGR	Francois M Holstein		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		5036 Dr. Phillips Blvd., Orlando FL 32819	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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