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COVER LETTER

Divisio	n of Corporations					
SUBJECT:	NEFLIP LLC					
5012/15C1.	Name of Limited Liability Company					
The enclosed Ar	ticles of Amendment and fee(s) are submitted for filing.					
Please return all	correspondence concerning this matter to the following:					
	PAOLA RINCON					
	Name of Person					
	ONEFLIP LLC					
Firm/Company						
12387 NW 12TH COURT						
	Address					
	PEMBROKE PINES FLORIDA 33026					
	City/State and Zip Code					
	ONEFLIPLLC@GMAIL.COM					
	E-mail address: (to be used for future annual report notification)					
For further infor	mation concerning this matter, please call:					
PAOLA RINCO	786 547-3088 at ()					
·	Name of Person Area Code Daytime Telephone Number	_				
Enclosed is a ch	eck for the following amount:					
■ \$25.00 Filin	g Fee Solution Spee & Solution Spee & Sertificate of Status Certified Copy (additional copy is enclosed) Sertified Copy (additional copy is enclosed)	Status & y				

MAILING ADDRESS:

TO: Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONEFLIP LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) .iability Company)	<u></u>	
The Articles of Organization for this Limited Liability Company were filed on 05/01/2018 Florida document number L18000109382			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	12387 NW 12TH COURT	18 1.7.10 2.	
Principal office address MUST BE A STREET ADDRESS)	PEMBROKE PINES FL 33026	Sion Rolls	
		1 937	
Enter new mailing address, if applicable:	12387 NW 12TH COURT	COF SU ORPORA	
Mailing address MAY BE A POST OFFICE BOX)	PEMBROKE PINES FL 33026	11.0F	
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	<u>e</u> :	r the name of the	
	Enter Florida street address		
	, Florida	Zip Code	
	Cav	z.yr Coae	

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Man AMBR = Aut	ager horized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			Change
			□ Add
		 	□ Remove
			Change
			□ Remove
			_□ Change
			_□ Add
			_□ Remove
			Change
			Add
			_□ Remove
			Change
			_□ Add
			_□ Remove

_□ Change

Operation Agreement:	MGR Paola Rinco	on 50%				
	MGR Camilo Jime	eno 50%				
Composition of Capita	ıl: MGR Paola Rinc	on 75%				_
	MGR Camilo Ji	imeno 25%				
					ā	SIAIG
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						2 S
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ective date, if other th	an the date of filin	ng:05/31/2018		(optional)	
effective date is listed, the degree of the date inserted in	this block does not	meet the applic	able statutory f			
ument's effective date or	the Department of	State's records.				
record specifies a de he 90th day after th			t an effectiv	e time, at 12:	01 a.m. on th	e earli
May 31 ed		2018				
	(i)	, 1		_		

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Typed or printed name of signee

Filing Fee: \$25.00