

L18000140764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

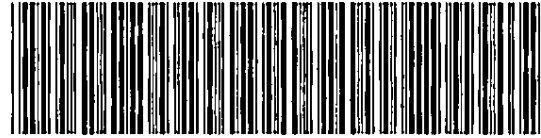
(Business Entity Name)

(Document Number)

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U.S. DEPARTMENT OF JUSTICE

INS
SEP 2018

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Flip Sensei 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:

ANDRES SEVILLA

Name of Person

Paragon Property Investment and Construction LLC

Firm/Company

2200 N Commerce Parkway Suite 200

Address

33326

City/State and Zip Code

paragon.property.investment@gmail.com

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

For further information concerning this matter, please call:

Veronica Mora

786

6517605

at (_____) _____

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Flip Sen Sei 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 Jun 6th 2018 and assigned
Florida document number L18000140764

This amendment is submitted to amend the following:

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

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)

975 N Miami Beach Blvd

North Miami Beach

Florida 33162

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

975 N Miami Beach Blvd

North Miami Beach

Florida 33162

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:

GAM SERVICES

New Registered Office Address:

1820 N Corporate Lakes Blvd suite 206

Enter Florida street address

Weston

City

Florida 33326

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

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Paragon Property Investment and Construction LLC.	2200 N Commerce Parkway Suite 200 Weston FL 33326	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Veronica Mora	2521 Bay Pointe Ct. Weston FL 33327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Andres Sevilla	2521 Bay Pointe Ct. Weston FL 33327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MBR	Agrorefugio Cia. Ltda.	4474 Weston Rd. Suite 204 Davie, FL 33331	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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18 SEP 24 PM 12:19

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

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.

Dated

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00