## 1800178335

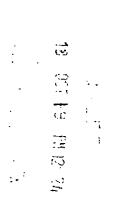
(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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O S. 4 ONS --



October 3, 2018

**ORESTES ROMERO** 1627 BRICKELL AVE AT 2002 MIAMI, FL 33129

SUBJECT: RG FLIPPER LLC Ref. Number: L18000178335

We have received your document for RG FLIPPER LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Orestes Romero is already listed on entity as registered agent. If you want to add name as a member, please complete enclosed filing.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III

Letter Number: 318A00020622

## **COVER LETTER**

TO: Registration Section Division of Corpo				
SUBJECT:		LIPPER LLC led Liability Company	<del></del>	
The enclosed Articles of Ar	mendment and fee(s) are subn	nitted for filing.		
Please return all correspond	lence concerning this matter to	o the following:		
	OR:	ESTES ROHERO		
		Name of Person		
		<del>_</del>		
Firm/Company				
	1627	BRICKELL AVE AP	2002	
	MIAMI	The 33129 City/State and Zip Code Oreliable plobalgs Obeused for future annual report notifice		
	ocastac	City/State and Zip Code	0.10 .20	
	E-mail address: (t	obe used for future annual report notification	ation)	
For further information cor	ncerning this matter, please ca			
ORESTRS	ROMERO	at (305) 469 4 Area Code Daytime T	528	
Name of I	Person	Area Code Daytime T	elephone 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

K: --- 110

KG YLIPPER UC	
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	opears on our records.)
	mortano
The Articles of Organization for this Limited Liability Company were filed on O7 25 2018 and assigned Florida document number 418000178335.  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 "LLC."  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 pregistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida street address	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	ny here:
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Trincipal office data ess most may to the room to the	<u> </u>
Enter new mailing address, if applicable:	<del>``</del>
(Mailing address MAY BE A POST OFFICE BOX)	24
	and a support of the purpose of the
registered agent and/or the new registered office address here:	is on our records, enter the name of the m
Name of New Registered Agent:	
New Registered Office Address:	or Florida street address
<del></del>	, Florida Zip Code
City	2.ip C оде
'ew Registered Agent's Signature, if changing Registered Agent:	

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and reept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is

reprine obligations of my position as registered again as provided for in Chapter 605, 1.15. (6), y one document in filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability impany 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = A	authorized Member		
<u>Title</u>	Name	Address	Type of Action
H6R	CANEPA, VERONICA	1627 BRICKELL AVE	
		APT 200Z	Remove
		MIAHI FL. 33129	Change
MGR	POMERO, ORESTES A.	1627 BRICKELL AVR	<b>J</b> Add
		APT 2002	□ Remove
		MIANI FL 33129	□ Change
			□ Remove
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ffective date, if other than the date of filing: 10/15 an effective date is listed, the date must be specific and cannot be prior to ote: If the date inserted in this block does not meet the applicable peument's effective date on the Department of State's records.	date of fining of more man 30 days after fining.) I disduit to or	05.0 sted
e record specifies a delayed effective date, but not a The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the ear	lier
nted 10 /15 . Z018	571	
Signature of a member or authorize	red representative of a member	

Page 3 of 3

Filing Fee: \$25.00