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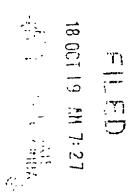
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COVER LETTER

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	NADINE PELOTE		
	FLIPPIN NICE REAL ES	Name of Person TATE INVESTORS, LLC	
	7154 NORTH UNIVERS	Firm/Company TTY DRIVE SUITE #108	
	TAMARAC, FL 33321	Address	
	FLIPPINNICEREALESTA	City/State and Zip Code TEINVESTORS@GMAIL.COM	
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notifi	cation)
NADINE PELOTE	oncerning and matter, preuse c	786 417-4362	
Name c	d Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

TO:

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

FLIPPIN NICE REALTORS, LLC

company has been notified in writing of this change.

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000220235	were filed on 09/17/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
FLIPPIN NICE REAL ESTATE INVESTORS, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)		18
		
Enter new mailing address, if applicable:	7154 NORTH UNIVERSITY DRIVE	5
(Mailing address MAY BE A POST OFFICE BOX)	SUITE #108	
	TAMARAC, FL 33321	Zi N
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	·	er the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code

If Changing Registered Agent, Signature of New 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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee