L18 000247245

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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SEP 2 5 2020 S. YOUNG

COVER LETTER

TO: Registration S Division of Co			
	TNERS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	·	
	GEORGE REMY		
		Name of Person	· -
		Firm/Company	
	20244 MELVILLE STREI	ET	
		Address	
	ORLANDO FL 32833		
For further information	G.REMY12@GMAIL.COM E-mail address: (to be used for future annual report not	(fication)
GEORGE REMY	•	954 608-4195	
	of Person	at () Area Code Daytin	ne 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)
Malling Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre Tallahassee, FI	rporations Fallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2011 PARTNERS LLC		28
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 10/22/2018	and assigned
Florida document number L18000247245	·	羅里门
This amendment is submitted to amend the following:		TERM CO.
A. If amending name, enter the new name of the limite	ed liability company here:	
JUST FLIPPIN' LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or	the abbreviation "L.1C"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u></u>	Florid	
	City	Zip Code
William Davids and American Management of Statement of Davids and	Amonte	

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager ÁMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	CHARLIP, ALLEN	6901 NORTHWEST JORGENSEN ROAD	□Add
		PORT ST LUCIE, FL 34983	■Remove
			□Change
AMBR	MARIE MCKENZIE	20244 MELVILLE STREET	■Add
		ORLANDO, FL 32833	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
	·		□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change

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F ffeet	ive date, if other than the date of filing:
If an ef Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
e reco ord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the fled.
Dated	JULY 25 2020
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00