

118000 254869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

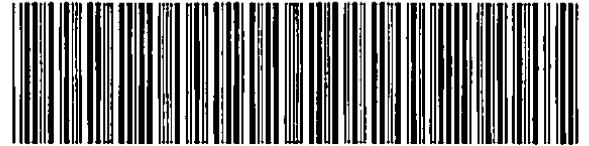
(Document Number)

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02/15/19--91013--013 ♦♦25.00

FILED
2019 MAR -7 PM 4:21
SECRET

C. GOLDEN

MAR 12 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Flip Flop Remodeling 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:

Kevin E. Deen

Name of Person

Flip Flop Remodeling LLC

Firm/Company

9530 5TH Ave

Address

Orlando, FL 32824

City/State and Zip Code

kdeen6911@gmail.com

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

For further information concerning this matter, please call:

Kevin E. Deen

321

202-4517

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2019

KEVIN DEEN
9530 5TH AVENUE
ORLANDO, FL 32824

SUBJECT: FLIP FLOP REMODELING LLC
Ref. Number: L18000254869

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

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must have a Florida street address. A post office box is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 019A00003675

RECEIVED
FEB 20 11:48 AM
CLARETHA GOLDEN
REGULATORY SPECIALIST II

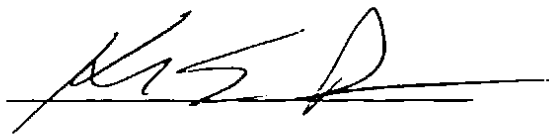
02/28/2019

To whom it may concern,

The purpose of this letter is to explain the paperwork included. We are trying to remove Amy Holliday from Flip Flop Remodeling LLC and make Kevin E. Deen the owner and manager. Please contact Kevin with any questions or concerns if this paperwork is incomplete for any reason to ensure Amy is removed. Kevin can be reached at (321) 202-4517. We appreciate your help in this matter.

Thank you,

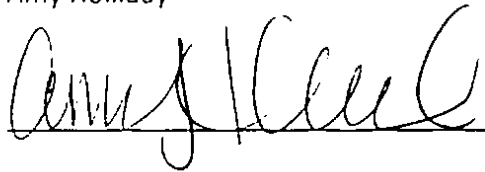
Kevin E. Deen

A handwritten signature in dark ink, appearing to read 'K E Deen', written over a horizontal line.

Date

2/28/2019

Amy Holliday

A handwritten signature in dark ink, appearing to read 'Amy Holliday', written over a horizontal line.

Date

2/28/2019

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

FILED

Flip Flop Remodeling LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 MAR -7 PM 4:21

The Articles of Organization for this Limited Liability Company were filed on 10/30/2018 and assigned
Florida document number L18000254869

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:

9530 5th Ave

(Principal office address MUST BE A STREET ADDRESS)

Orlando, FL 32824

Enter new mailing address, if applicable:

N/A

(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 registered agent and/or the new registered office address here:

Name of New Registered Agent:

Kevin E. Deen

New Registered Office Address:

9530 5TH Ave

Enter Florida street address

Orlando

City

Florida 32824

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 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 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	Kevin E. Deen	9530 5TH Ave Orlando, FL 32824	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kevin E. Deen	9530 5TH Ave Orlando, FL 32824	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Amy Holliday		<input type="checkbox"/> Add
		9530 5TH Ave. Orlando, FL 32824	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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 10/30/2018 _____

Signature of a member or authorized representative of a member

Typed or printed name of signee