L18000270842

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Office Use Only



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May 4, 2024

ROBERT L SMITH 2903 INDUSTRIAL AVE 2 FT. PIERCE, FL 34946

SUBJECT: FLIPPING BIMINIS & BEYOND LLC

Ref. Number: L18000270842

We have received your document for FLIPPING BIMINIS & BEYOND 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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 3 (850) 245-6050.

Tammi Cline Regulatory Specialist II Supervisor

Jet X

Letter Number: 524A00009762

COVER LETTER

Division of Corporations
SUBJECT: FLIPPING BIMINIS & BEYOND LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Robert L. Smith Name of Person
+ Tippin Biminis and Move LLC
2903 Industrial Ave 2 Ft. Pierce FL 34946 Smithomes@ AOL, Com
Ft. Pierce IL 34946
SMITHOMES POL, COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert Smith, at 772 201 9264 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: Already Paid with Offinal application \$25.00 Filing Fee \$\Bigsim \$30.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) Continued Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Flipping Biminis	& Beyond L	-LC
(A Florida Limite	pany as it how appears on our records. d Liability Company))
The Articles of Organization for this Limited Liability Compar Florida document number <u>L1800027084</u> 3	by were filed on $\frac{11/20/20}{2}$	1 B and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lize FLIPPIN BIMINES A The new name must be distinguishable and contain the words "Limited Liae"	ND MORE LL	
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)		202
Enter new mailing address, if applicable:	N/A	2
(Mailing address MAY BE A POST OFFICE BOX)		34
		99
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter tl</u>	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
,		
-m	, Flor	rida 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> Name **Address Type of Action** \Box Add □Remove □ Change \square Add Remove Change $\square Add$ □Remove ☐ Change \square Add Remove 21 H. Change ڢ □ Change □Add

□Remove

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