Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.

Account Number : 076666003611 : (941)748-0100 Phone Fax Number : (941)745-2093

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: epenning town blatock walters. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLOP ONE PROPERTY, LLC

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Corporate Filing Menu

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	egistration Sectivision of Corp						
2412120		FLOP ONE PROPERTY, LLC					
SUBJECT	; <u></u>	Name of Lin	nited Linbility Company				
		Amendment and fee(s) are sulndence concerning this matter					
I TOTAL TOTAL	,	EILEEN PENNINGTON					
			Name of Person				
BLALOCK WALTERS, P.A.							
802 HITH STREET WEST							
		Address					
		BRADENTON, FLORIDA	A 34205				
		joc@jeireulestate.com	City/State and Zip Code				
E-mail address: (to be used for future annual report notification)							
For further	information co	ncoming this matter, please c	nH:				
EILEEN PI	ENNINGTON		941- 748-i	0100			
	Name of	Person	Aren Code	Daytime Telepho	ne Number		
Enclosed is	n check for the	: following amount:					
S \$25,00	Filing Fcc	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
M:	illing Address:	<u>!</u>	Street Add	lress:			

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

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

P 3/5

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C4-BF96EF2289A8 ARTICLES OF AMENDMENT
TO

C4-BF96EF2289A8

C((H 22 000403263 33))

TO

ARTICLES OF ORGANIZATION OF

2022 NOV 29 AM 11: 27

FLOP ONE PROPERTY, LLC			
(Name of the Limi	ted Liability Company a (A Fiorida Limited Liabi	x it now appears on our reco- lity Company)	rds.)
The Articles of Organization for this Limited L Florida document number L18000276178		re filed on 11/29/2018	and assigned
This amendment is submitted to amend the following	owing;		
A. If amending name, enter the new name of	f the limited liability	company here:	
The new name must be distinguishable and contain the v	vords "Limited Liability C	Company," the designation "LI,	C" or the abbreviation "L,L,C,"
Enter new principal offices address, if applied	nble:	·····	
(Principal office address MUST BE A STREE	<u> TADDRESS)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or ragent and/or the new registered office addre	registered office addi	ress on our records, ente	r the name of the new registered
Name of New Registered Agent:	BLALOCK WALT	ERS, P.A.	
New Registered Office Address:	802 HITH STREET	WEST	
THE MONIMERS OF THE PARTY OF	Enter Florida street addr	KNA	
	BRADENTON	, I	Plorida 34205
		Che	Zin 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

MGR = Manager

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If anienting Authorized records; authorized to inninge, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member Type of Action Address Title Name _ DAdd __ DRe:nove _____ Change _ □Add __ 🗀 Remove __ Change _____ □ ∧dd _ 🗆 Remove _____ Change __ **□** ∨dd __ O'Reinave _____ Change □Add Remove __ Change □Add Remove _____ Change

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D. If amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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-	2022 NOV 29 8
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Note: I	coptional) active 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 605,0207 (3)(I fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
If the record record is file	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 d.
Dated _	November 28 2022
	JOSEPH IRIZARRY
	TRANSOMOREZACO Signature of a member or authorized representative of a member
	JOSEPH IRIZARRY
	Typed or printed name of signed

Filing Fee: \$25.00