L19000056114

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COVER LETTER

Division of Cor			
SUBJECT: Fig		1 e C	
		, , ,	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	JErem	iah Weaver	
		F: (0	
		Firm/Company	
	15004	Bailey Hill	Re
	Brocks, Freedon E-mail address: (1)	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	Eugnail. (On
For further information co	oncerning this matter, please ca	all:	
JECO mich Name of	ı	at (813) 850-1	412 e Telephone Number
Enclosed is a check for the	e 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 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

- Flippers ON	ine UC	
(A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on $\frac{2}{2}$	and assigned
Florida document number <u>L190005611</u>	1.	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	2021 AF
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC" or	the abbreviation L.L.C.
Enter new principal offices address, if applicable:		55 6 11
(Principal office address MUST BE A STREET ADD	RESS)	7000
		<u> </u>
		>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d 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	la
	City	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.

_Ch	inge 1	Article	3			
	Hav	ling av	nd	delive	ries	
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			<u> </u>			
				_		
effective date is te: If the date i	listed, the date mus nserted in this bl	e date of filing: st be specific and car ock does not mee cpartment of State	nnot be prior	able statutory fi	more than 90 days af	o tional) ter filing.) Pursuant to 605.02 his date will not be listed
cord specifies a s filed.	delayed effectiv	e date, but not an	effective t	me, at 12:01 a.r.	n. on the earlier of:	(b) The 90th day after the
ed	7	,		·		

Filing Fee: \$25.00