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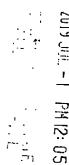
()	Requestor's Name)	
(,	Address)	
(Address)	
(1	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)	
(1	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions t	to Filing Officer:	

Office Use Only



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U5/28/19--U1U12--U2U **43.75





R. WHITE JUL 02 2013

COVER LETTER

Division of Corporations NAME OF CORPORATION: Flip Flop Cleaning Remodeling LLC DOCUMENT NUMBER: L1960611730 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Flip Flop Cleaning Remodeling UC City/ State and Zip Code LOM
be used for future annual report notification) For further information concerning this matter, please call: at (863) Lolol- 4808 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **№**\$43.75 Filing Fee & □ \$35 Filing Fee **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



June 15, 2019

KATHY ANN TAFS 7714 MATHER RD N LAKELAND, FL 33810

SUBJECT: FLIP FLOP CLEANING/REMODELING, LLC

Ref. Number: L19000117308

We have received your document for FLIP FLOP CLEANING/REMODELING, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

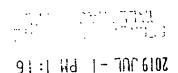
The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Rebekah White Regulatory Specialist III

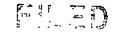
Letter Number: 719A00012010



BECEINED

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited Liability Companion (A Florida Limited Liability Companion)	2019 JUI - 1 PM 12: 05 Remode Ind., i. I.C. Las it now appears on our records.) Lability Company)
The Articles of Organization for this Limited Liability Company vibration for this Limited Liability Company vibration document number \(\begin{aligned} \(\begin{aligned} \left(\gamma \) \(\begin{aligned} \left(\gamma \) \\ \ \ext{This amendment is submitted to amend the following:} \end{aligned}	_
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	7714 Mathe- RL. N Lakeland, FE. 33810
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7014 Mather RJ. N. Lakeland Fl. 33810
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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.

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 adde or removed from our records:				
MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGR	Trut Tofs	1714 Mather Rd. N.	⊠ Add	
		Cakeland Fl. 33810	□ Remove	
			☐ Change	
			Remove	
			Change	
		 	Add	
			□ Remove	
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in effectio ote: It t	date, if other than the date of filing: 6/25/2019 (optional) e 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 60 are date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list seffective date on the Department of State's records.	05.0207 sted as
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl th day after the record is filed.	ier of
	6/25 . 7019	
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Page 3 of 3

Filing Fee: \$25.00