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COVER LETTER

	istration Sect ision of Corpe				
SHRIFCT	FLIP FLOPS	REAL ESTATE INVESTO	RS LLC		
SUBJECT.		Name of Lim	ited Liability Company		······································
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return	all correspond	dence concerning this matter	to the following:		
		ANTHONY E ORTOLAN	N		
			Name of Person		
		FLIP FLOPS REAL ESTA	ATE INVESTORS LLC		
			Firm/Company		
		1300 WILSHIRE COURT	SOUTH		
			Address		
		SAINT JOHNS, FLORIDA	A 32259		
			City/State and Zip Code		
		FlipFlopsREI@gmail.com			
		E-mail address: (to be used for future annual	report notification)	
For further in	iformation con	cerning this matter, please co	all:		
John P. Steve	ens, CPA			8-9791	
•	Name of F	erson	at () Area Code	Daytime Teleph	one Number
Enclosed is a	check for the	following amount:			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mai</u>	ling Address:		Street A	ddress:	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLIP FLOPS REAL ESTATE INVESTORS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _DECEMBER 17, 2019 and assigned Florida document number _____L19000306752 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida

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>	Type of Action
AMBR	JOEL CHRISTE	10351 Autumn Valley Road	
		Jacksonville, Florida 32257	□Remove
			■ Change
			□Add
			□Remove
			ZOZE JAN 3
			Remove 2
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cord specifies a delayed effectives filed.	ve date, but not an effective time, at	12:01 a.m. on the earlier of:	(b) The 90th day after th
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January 15	2020		
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Filing Fee: \$25.00

Typed or printed name of signee