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то:	Registration Sect Division of Corpo		,	
emb io	CT: Fliphub LLC		,	
SOBJE	CI: Tuphub Lic	Name of Lim	ited Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	
· rease		g	•	
		Bradford Geisen	Name of Person	
		FlipCycle LLC		·
			Firm/Company	
		LOOS D. J. Cound Bloom	NIM HIGO	
		1095 Broken Sound Pkwy	Address	
		Boca Raton, FL 33487		
			City/State and Zip Code	
		pclark@activedg.com	to be used for future annual report notif	ication)
				, cannot
For fur	ther information cor	ncerning this matter, please co	all:	
			6617000038	
Phillip	OClark Name of I	Person	at () <u>5617898038</u> Area Code Daytime	Telephone Number
Enclos	ed is a check for the	following amount:		
□ \$2	5.00 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			Street Address:	
		Registration Sec		
		•	Division of Corp The Centre of T	
	Tallahassee, Fl			e Street, Suite 810
		1	Tallahassee, FL	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLIPHUB LLC (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company	were filed on March 09, 2020	and assigned
Florida document number 1.20000076574		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
FlipCycle LLC		
FlipCycle LLC The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."
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 a	address on our records, enter the n	ame of the new registered
agent and/or the new registered office address here:	· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent:		
New Registered Office Address:		C
	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Change
			□ Add
			□Remove
			Change
			Remove
			□Change
			□Add
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record s I is filed	pecifies a delayed e	ffective date, bu	it not an effectiv	ve time, at 12:01	a.m. on the earl	ier of: (b) The S	90th day after the
ated	Feb). 11	, <u>203</u>				
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Filing Fee: \$25.00