L20000103617

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TO:

	Registration So Division of Co			·		
*	FLIPS ∳ I	.L.C				
SUBJEC	/I:	Name of Lim	ited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		Diane A Buckley				
			Name of Person			
		FLIPS2, LLC				
			Firm/Company	······		
		2325 Commodore Blvd				
		Address				
		W Melbourne, FL 32904				
		City/State and Zip Code Dbuckley2@cfl.rr.com				
		E-mail address: (to be used for future annual report not	ification)		
For furth	er information o	concerning this matter, please c	all:			
Diane E	Buckley		321 266-1769			
	Name (of Person	Area Code Daytin	ne Telephone Number		
Enclosed	l is a check for t	he 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 Addre		<u>Street Address:</u> Registration Se	ection		
Registration Section Division of Corporations			Division of Co			
	P.O. Box 631		The Centre of			
	Tallahassee.	PL 52514	2415 N. Monro	se Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTICLES OF			
TO ADTICLES OF O			
ARTICLES OF O			4, A
*	•		and assigned
FLIPS, L.L.C.			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our re liability Company)	ecords.)	
			1/2 14.
The Articles of Organization for this Limited Liability Company	were filed on 4-13-2020		and assigned S
Florida document number <u>L20000103617</u>			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liabi</u>	ility company here:		
FLIPS2, LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	"LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	2325 Commodore Blvd		
Trincipal office didices in OST IND A STREET AIR INC.	W Melbourne, FL. 32904	 	
	_		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
with the second second second	·		
B. If amending the registered agent and/or registered office a	iddress on our records, <u>e</u> r	nter the nam	e of the new registered
agent and/or the new registered office address here:			
N. CN. B. C. L.			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street o	Jane	
	r.nter r tortaa sireet di	auress	
<u></u>	City	_, Florida	Zin Code
New Registered Agent's Signature, if changing Registered Agent:	·		247
I hereby accept the appointment as registered agent and agree or ovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as playing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutie provided for in Chapter 6	s, and Lam j 505, F.S. Or,	familiar with and if this document is
If Chan	iging Registered Agent, Signat	ure of New Re	gistered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
		 	□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			\ \ \ \ _Add
			□Remove
			☐ Change
		<u> </u>	□Add
			CRemove
			☐ Change

•	
Note:	tive date, if other than the date of filing:
e reco rd is f	rd 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 filed.
_	5-4-20
Datec	
Datec	Diane a Bulbles
Datec	Signature of a member or authorized refresentative of a member

Filing Fee: \$25.00