

L200000103617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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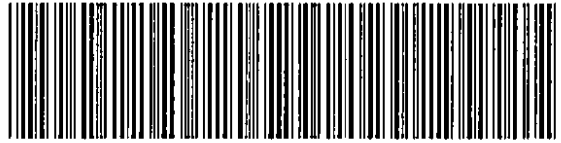
(Business Entity Name)

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MAY 04 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLIPS2, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence 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@cfllr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diane Buckley

321

266-1769

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

[illegible]

[illegible]

(If an effective 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 605.0207 (3)(b)

If the record 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 record is filed.

Dated 5-4-20 .

Diane G. Butler
Signature of a member or authorized representative of a member

DAVE A. BUCKLEY
Typed or printed name of signer

Filing Fee: \$25.00