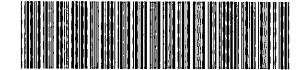
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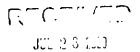
(Re	equestor's Name)			
(Ad	ddress)			
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(C	ity/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
(Bi	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				

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SEP 11 2020
SEP 11

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

BIG FLIPPERS HOUSE REDEVELOPMENT LLC							
SUBJECT: Name of Limited Liability Company							
Amendment and fee(s) are sub	mitted for filing.						
ondence concerning this matter	to the following:						
MIKE MCVAY							
	Name of Person						
	Firm/Company						
505 E LEONARD ST							
PENSACOLA, FL 32503	Address						
	City/State and Zip Code						
_		otitication)					
		,					
MIKE MCVAY, ACCOUNTANT							
f Person	Area Code Dayti	me Telephone Number					
ne following amount:							
□ \$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		ection					
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee					
	Amendment and fee(s) are substituted and fee(s)	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: MIKE MCVAY Name of Person Firm/Company 505 E LEONARD ST Address PENSACOLA, FL 32503 City/State and Zip Code MIKE@MIKEMCVAY.COM E-mail address: (to be used for future annual report not oncerning this matter, please call: UNTANT ### S50 725-5696 ### at () Dayti The following amount: S10,000 Filing Fee & Certified Copy (additional copy is enclosed) Since the following amount is the following amount: S20,000 Filing Fee & Certified Copy (additional copy is enclosed) Since the following amount is enclosed is enclosed.					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Compar (A Florida Limited L	ny as it now appears on Jability Company)	our records.)	7
The Articles of Organization for this Limited L Florida document number L20000179858		were filed on $\frac{06/267}{2}$	2020	and assigned
This amendment is submitted to amend the foll			:	¥ 7:00
A. If amending name, <u>enter the new name o</u>	f the limited liabi	lity company here:		
The new name must be distinguishable and contain the v	vords "Limited Liabil	ity Company," the design	nation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		505 E LEONARD S	TT.	
		PENSACOLA, FL	32503	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		505 E LEONARD S	ST	
		PENSACOLA, FL.	32503	
B. If amending the registered agent and/or agent and/or the new registered office addre	<u>~</u> .	nddress on our reco	rds, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	FREDRICK J HUNTER			
New Registered Office Address:	505 E LEONAF	RD ST		
the transfer of the production.		Enter Florida	street address	
	PENSACOLA		, Florida ³²	503
		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>	Name	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
		-	□Remove
			□Change
			□Add
		-	□Remove
			Change
			□Add
			Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: _ (optional) (If an effective date is fisted, 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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 ___ 2020

Signature of a member or authorized representative of a member

Typed or printed name of signee

FREDRICK J HUNTER