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COVER LETTER

Division of Cor	porations		•		
AUCTION SUBJECT:	FLIPPERZ LLC				
	Name of Lim	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	MICHAEL A. SARACCO				
		Name of Person			
		Firm/Company	 		
	526 BREVARD AVE				
		Address			
	COCOA FL 32922			SE0	2022
		City/State and Zip Code		VTT VI	2022 OCT 17
		to be used for future annual report notifica	ition)	7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00	
*	oncerning this matter, please ca				PH L:
MICHAEL SARACCO		386 882-3577 at ()			 ரே
Name o	f Person	Area Code Daytime To	elephone Number	, , ,	
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
<u>Mailing Addres</u>	9 <u>85:</u>	Street Address:			
Registration :	Section	Registration Section	on		
D1 1-1- 00		Division of Como			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AUCTION FLIPPERZ, LLC					
(Name of the Limit	ed Liability Compa (A Florida Limited	nny as it now appears on our re Liability Company)	ecords.)		
The Articles of Organization for this Limited L Florida document number 1.20000189194	iability Company	were filed on JULY 3, 202	n and assigned		
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	oility company here:			
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		526 BREVARD AVE			
(Principal office address MUST BE A STREE	T ADDRESS)	COCOA FL 32922	\$ 20		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		526 BREVARD AVE COCOA FL 32922	20CT 17 PI 4:		
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>e</u>	enter the name of the new register		
Name of New Registered Agent:	MICHAEL A. SARACCO				
New Registered Office Address:	526 BREVAR	<u> </u>			
		Enter Florida street a			
	COCOA		_, Florida 32922		
		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
MGR	MORGAN H. WEST	410 POLCT	□Add
		MERRITT ISLAND FL 32953	■Remove
MGR	ERICKA DE PAULA	301 SHERWOOD PLACE	🗀 Add
		MERRITT ISLAND FL 32953	■Remove
			Change
MGR	MICHAEL A. SARACCO	5350 N HWY 1	
		COCOA FL 32927	FR C TRemove
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			Change
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ffective date, if other than the an effective date is listed, the date made inserted in this locument's effective date on the	ust be specific and cannot be block does not meet the ap	prior to date of filin	g or more than 90 days	optional) after filing.) Pursu , this date will no	ant to 605,020 ot be listed a
record specifies a delayed effect f is filed.	ive date, but not an effecti	ve time, at 12:01	a.m. on the earlier o	f: (b) The 90th	day after the
ated OCTOBER 13	2022	<u> </u>			
//	1 VIT				
My	Signature of a member or	authorized represe	ntative of a member		

D.

Filing Fee: \$25.00