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(Requestor's Name)	
(Address)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	_
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COVER LETTER

	ration Sect on of Corpo				
SUBJECT: FI	lip Lady LL	C			
SCDULCT	<u> </u>	Name of Limi	ted Liability Compa	ny	
The enclosed A	rticles of Ai	nendment and fee(s) are subi	nitted for filing.		
Please return all	l correspond	lence concerning this matter t	to the following:		
		Elizabeth L. Young			
			Name of Person	on	
			Firm Compar	oỳ.	
		700 SW 62ND BLVD UNI	IT D43		
			Address	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
		Gainesville, Fl 32607			
			City State and Zip	Code	
		pastorlashon@gmail.com			
		E-mail address: (t	o be used for future	annual report notific	ration)
For further info	rmation con	cerning this matter, please ca	ill:		
Elizabeth L. Yo	oung		at (352	, 281-6832	
	Name of P	erson	Area Cod		Telephone Number
Enclosed is a ch	neck for the	following amount:			
≡ \$25.00 Filin	ng Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Co (additional cop	ob <i>ì</i> .	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailin	ig Address:		Çı,	ont Adduses	
	tration Se	ction		reet Address: rgistration Secti	ion
Division of Corporations			Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee		
Tallahassee, FL 32314		24	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303



May 3, 2024

ELIZABETH L. YOUNG 700 SW 62ND BLVD UNIT D43 GAINESVILLE, FL 32607

SUBJECT: FLIP LADY, LLC Ref. Number: L21000271676

We have received your document for FLIP LADY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The last page of the document is missing. Please find the missing page enclosed, and complete section E.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Rebekah White Regulatory Specialist III

Letter Number: 624A00009692

5/15

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Flip Lady LLC (Name of the Limit	d Liability Compa (A Florida Limited)	ny as it now appears on out	r records.)	
ne Articles of Organization for this Limited Li orida document number <u>L21000271676</u>	ability Company	were filed on $\frac{06/10/202}{}$	1	and assigned
nis amendment is submitted to amend the follo	owing:			
If amending name, enter the new name of	the limited liab	ility company here:		
lip Lady Solutions. LLC			(0)	GD
e new name must be distinguishable and contain the w	ords "Limited Liabi	fity Company." the designation	on "LLC" or the ab	brevialion "L.L.C."
nter new principal offices address, if applica	able:	4915 NW 43rd St	<u> </u>	24 Hā
rincipal office address MUST BE A STREE		Gainesville, Fl		7 2
		32606		CJ
				IX.
iter new mailing address, if applicable:		PO Box 358506	-1	ည (၁)
lailing address MAY BE A POST OFFICE	BOX)	Gainesville, Fl	8	c) ·
	<u> </u>	32635		
If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent:			, enter the nam	e of the new reg
Name Progint and Office Address:	4915 NW 43rd	Street		
New Registered Office Address:	Enter Florida street address			
New Registered Office Address.				
New Registered Office Address.	Gainesville		Florida <u></u>	606 Zıp Code

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.

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(If an eff <u>Note:</u>	ve date, if other than the date of filing: 4/18/24 (optional) ective 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)(8) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
record is fil	
Dated	Exabelle 4. Vound Elizabelle 4. Vound Typed or printed name of signee
	Signapple of a member or authorized representative of a member
	Elizabeth L. Voung
	Typed or printed name of signee