Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC Account Number : I20140000084 : (305)541-3980 Phone Fax Number : (786)713-1940

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Ç)

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLIPWASH LLC

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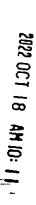
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-JD 10/20/22

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLIPWASH LL	C			
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Ciability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000317629</u>	were filed on 07:12/2021 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	2640 NW 84TH AVE #301			
(Principal office address MUST BE A STREET ADDRESS)	DORAL, FL 33122			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2640 NW 84TH AVE #301			
	DORAL, FL 33122			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the name of the new registered</u>			
Name of New Registered Agent.				
New Registered Office Address:	Enter I-lovida street address			
	, Florida			
	City Zip Code			
New Designard Agent's Signature if changing Registered Agent'				

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

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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
MGR	HIRAOKA CUMINO, PAULO	2640 NW 84TH AVE #301	
		DORAL, FL 33122	□Remove
MBR	SOARES MOREIRA, JOSE	2640 NW 84TH AVE #301	🗀 Add
		DORAL, FL 33122	□Remove
			■Change
MBR	SARETTA DE ANDRADE, ROBERTO	2640 NW 84TH AVE #301	∐Add
		DORAL, FL 33122	
MGR	БАСОМИЙЯННО, МАКСО АМТОМО МАКТАМО	2640 NW 84TH AVE #301	ĦAdd
		DORAL, FL 33122	□Remove
			□Change
			
			∐Remove
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rument's effective date on the D	epartment of State's rec	ords.			
cord specifies a delayed effective	e date, but not an effect	ive time, at 12:01 a.	m, on the earlier of	f; (h) The 90th day aft	er (he
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ed OCTOBER 14TH	Signature of a member of	authorized represents	itive of a member		