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(Address)

(Address)

(City/State/Zip/Phone #)

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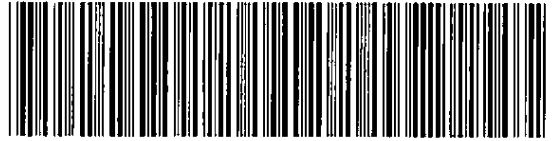
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** M&H FLIPPING GROUP, 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:

KATELYN DOUGHERTY

Name of Person

HARBOUR BUSINESS LAW

Firm/Company

200 N. PIERCE STREET, SUITE 2A

Address

TAMPA FL. 33602

City/State and Zip Code

ANNUALREPORTS@HARBOURBUSINESSLAW.COM

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

For further information concerning this matter, please call:

KATELYN DOUGHERTY 813 706-7333  
Name of Person at (Area Code) Daytime Telephone Number

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Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M&H FLIPPING GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/06/2021 and assigned  
Florida document number 1.21000354295

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

200 N. PIERCE STREET

SUITE 2A-203

TAMPA, FL 33602

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

200 N. PIERCE STREET

SUITE 2A-203

TAMPA, FL 33602

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

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>	<u>Address</u>	<u>Type of Action</u>
MGR	MATIAS J. ESPINOZA SEPULVEDA	200 N. PIERCE STREET	<input type="checkbox"/> Add
		SUITE 2A-203	<input type="checkbox"/> Remove
		TAMPA, FL 33602	<input checked="" type="checkbox"/> Change
MGR	HECTOR M. ESPINOZA DROGUETT	200 N. PIERCE STREET	<input type="checkbox"/> Add
		SUITE 2A-203	<input type="checkbox"/> Remove
		TAMPA, FL 33602	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

2024 MAY 10  
SECRETARY OF  
TALLAHASSEE

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TALLAHASSEE, FL  
Pursuant to 685.007(3)(b)

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)

**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 May 8, 2024

- DocuSigned by:

Matías Espinoza

- 7A68DB1E8AC043E

Signature of a member or authorized representative of a member

MATIAS J. ESPINOZA SEPULVEDA, Manager

Typed or printed name of signee

**Filing Fee: \$25.00**