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A. RIVERS

JUN 2 4 2023

COVER LETTER

Div	ision of Cor	rporations			
SUBJECT.	Flippin Wo	omen, LLC			
SUBJECT:		Name of Lim	ited Liability Company		.
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Andrea Kammann			
			Name of Person		
		Flippin Women, LLC			
			Firm/Company		
		337 River Bend Road			
			Address		 -
		Great Falls, VA 22066			
		andras@haarriga.uus	City/State and Zip Code		
		andrea@hoernigs.com E-mail address: (to be used for future annual	report notificat	tion)
For further in	iformation c	oncerning this matter, please ca	all:		
Andrea Kam	nmann			9-5293	
	Name o	d Person	at () Area Code	Daytime Te	elephone Number
Enclosed is a	check for th	he following amount:			
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres		Street Ac		an an
Div		Corporations	_	ation Section of Corpor	
D C	N D (22	· -	TI C	C 972 111	1

P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ullity Company as it now appears on our records.) ida Limited Liability Company)	· -	_
Company were filed on December 16, 2021	and	assigned
mited liability company here:		
imited Liability Company," the designation "LLC" or the	abbreviation	"L.L.C."
DRESS)		
		
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Entage Florida atment address	<u> 21</u>	17
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, Florida _	Zip C	<u></u>
	Company were filed on December 16, 2021 mited liability company here: imited Liability Company." the designation "LLC" or the DRESS) red office address on our records, enter the na: Enter Florida street address	mited liability company here: imited Liability Company." the designation "LLC" or the abbreviation DRESS) The address on our records, enter the name of the state of the st

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	Juanita S Hoernig	521 Mandalay Avenue Unit 1201	□Add
		Clearwater Beach, FL 33767	≅Remove
			□Add
			🗆 Remove
			□Remove
		 	Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□ Change
			🗖 Add
			Remove
			□ Change

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ffective date, if other than the an effective date is listed, the date must Note: If the date inserted in this bloocument's effective date on the De	be specific and cannot be prock does not meet the app	licable statutory filin	(option) ore than 90 days after fil- g requirements, this d	ing.) Pursuant to 605,0207
record specifies a delayed effective is filed.	date, but not an effective	e time, at 12:01 a.m. o	on the earlier of: (b)	The 90th day after the
Pated May ,	2023			
vateti	Men.	·		
(dule	Signature of a member or at			

Filing Fee: \$25.00