

11/17/22, 2:10 PM

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L21000534295**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000393031 3)))



H220003930313ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)328-4774

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FLIPTASTIC LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2022 Nov 18 3:41

SECRETARY OF STATE
NOTARIES REGISTRY

2022 NOV 18 AM 10:43

APPROVED
AND
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

NOV 21 2022
K. Brumley

To:

Page: 3 of 6

2022-11-18 20:08:20 GMT

13053284774

From: Yenet Avila

850-617-6381

11/18/2022 10:39:27 AM PAGE 1/001 Fax Server



November 18, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FLIPTASTIC LLC
6340 NW 99TH AVE
DORAL, FL 33178

SUBJECT: FLIPTASTIC LLC
REF: L21000534295

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

There is no name by Geronimo to remove on the amending authorized person page. Did you mean to remove Jeronimo ? if so please correct the spelling of the person being removed.

If you have any further questions concerning your document, please call (850) 245-6939.

Catherine M Brumbley
Regulatory Specialist III
Internet Support

FAX Aud. #: E22000393031
Letter Number: 522A00025740

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FLIPTASTIC 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 12/21/2021 and assigned Florida document number L21000534295.

This amendment is submitted to amend the following:

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

FLIPTASTIC ONE LLC

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

ELIANA SALAZAR

New Registered Office Address:

6340 NW 99TH AVE

Enter Florida street address

DORAL

Florida


City

33178

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

APPROVED AND FILED
2022 NOV 18 AM 10:43
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

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	PINEDA, JERONIMO	6340 NW 99TH AVE	<input type="checkbox"/> Add
		DORAL, FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GONZALEZ, JUAN E	10300 NW 76 TER	<input checked="" type="checkbox"/> Add
		DORAL, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SALAZAR, ELIANA	10300 NW 76 TER	<input checked="" type="checkbox"/> Add
		DORAL, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Employer Identification Number: 92-1028132

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 November 17th, 2022

Signature of a member or authorized representative of a member

ELIANA SALAZAR

Typed or printed name of signer