

L22000 380 003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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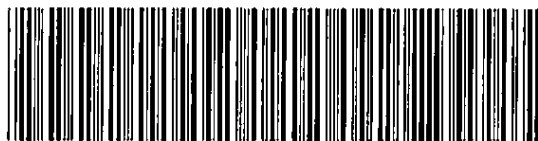
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** M&H FLIPPING1, 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)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

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

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (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



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	M&H FLIPPING GROUP LLC	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"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<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.)*

SECRETARY OF STATE  
TALLAHASSEE, FL

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TALLAHASSEE, FL

**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

-7A6BDB1E8AC041F8

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**