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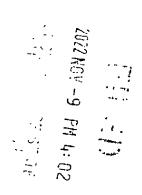
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HIP-PEA FILDS 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:
DANIEL J KESSWGER
HIP-PEAFLIPS LLC
2719 ROBINETTE DR
OPANGE PARK, FL 32073 City/State and Zip Code hippeaflins @ gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DANIEL J KESSINGER at 904 521-1638 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc

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

	10	• .
AR	FICLES OF ORGANIZATIO	N
	OF	
HIP	-PEA Flips LLC	2022 NOV -9 PM 4: 02
(Name of the Lim	ited Liability Company as it now appears on c (A Florida Limited Liability Company)	
	(A Florida Limited Liability Company)	27.7E
The Articles of Organization for this Limited Florida document number	Liability Company were filed on <u>02</u> <u>0055</u> 601	-01-2022 and assigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	N/A
The new name must be distinguishable and contain the	words "Limited Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office addr		ds, <u>enter the name of the new registerec</u>
Name of New Registered Agent:	DANIEL J K	ESSINGER
New Registered Office Address:	2719 RODINETT	E DRÌVE reet address
	ORANGE PARK FL	, Florida <u>32073</u> 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>	Name	Address	Type of Action
REgistered	<u>MARK A Monse</u> es NBR	 	□Add
igent a An	1BR	854 Jonathan Road JAX, FL 32934-US	DRemove
		JAX, FL 30234-105	Change
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			Change
			□Add
			🗌 Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
I Have not Been able to confirm
my Changes to the company email
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on Sun Bizicom
Fram: Hipperflips101 @gmail.com
To: Hippeaflips@gmail.com
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E. Effective date, if other than the date of filing:
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 $11/07/2022$, $12:15$.
Signature of a member or authorized representative of a member
Signature of a member or authorized representative of a member
Doniel J Kessinger Typed or printed name of signee
Typed or printed name of signee