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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLIPPING QUEEN LLC

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

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APR 24 2023. T. LEMIEUX

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLIPPING QUEEN LLC		<del></del>
(Name of the Limited Liability Compa (A Florida Limited I	ny as a now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 05/19/2022	and assigned
lorida document number L22000235108		
ional doctation infinior <u>electrosectos</u> .		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	ility company here:	
ne new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the al	obreviation "L L.C "
nter new principal offices address, if applicable:		
• • •		
rincipal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		
	Note: The second se	20
If amending the registered agent and/or registered office a	iddress on our records, enter the nan	ie of the new regis
ent and/or the new registered office address here:	•	*.* 1
		) (
Name of New Registered Agent:		_
Name of New Registered Agent.		<del></del>
New Registered Office Address:		عب ده
	Enter Florida street address 🥏 🗧 🦫	
		£.
	Florida	Zip Code
	8.03	any create

## 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	Sheryl Samuels	15800 Pines Blvd Suite 300	XAdd
		Pembroke Pines, FL 33027	Remove
			□Change
			□Add
			□Remove
		******	□ Change
		* .	□ Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
	1700.0.2.7		□ Add
			□ Remove
			□ Change

C. Effective date, if other than the date of filing:  (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)  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.
f 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 ecord is filed.
Dated April 21 2023
Signature of a member or authorized representative of a member
Signature of a member or authorized representative of a member
Nat Smith Typed or printed name of signee

Filing Fee: \$25.00