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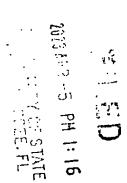
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
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Man Heart

R. HUNT 04/05/23

## **COVER LETTER**

Registration Section

**Division of Corporations** 

TO:

SUBJECT:	Phone Flipping	OP LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Rich		
		Name of Person	
	Pl	none Flipping OP LLC Firm/Company	
	2598	E Sunrise blud Suite	2104
	Fort La	udeldale Florida 33304 City/State and Zip Code	7073 APR -5 PM 1:16
	3 ofly en	terprise Ogmanl-com	
	E-mail address: (	to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	
Richard	Cherichel	at (863), 558-9602	
Name	of Person	Area Code Daytime Telepho	ne Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Section	
Division of C	Corporations	Division of Corporatio	
P.O. Box 63 Tallahassee,		The Centre of Tallahas 2415 N. Monroe Street	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Phone Flipping OP LLC  (Name of the Limited Liability Company as it no (A Florida Limited Liability C	ow appears on our records.)	
The Articles of Organization for this Limited Liability Company were file Florida document number <u>L22000359 W0</u> .	(	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability com	pany here:	
3 ofly enterprise LLC		
The new name must be distinguishable and contain the words "Limited Liability Compa	my," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		78
Principal office address MUST BE A STREET ADDRESS)		73
	5-31	.0
	5.30 6.4	ပ်း ႏ
Enter new mailing address, if applicable:	Sign Mind	
Mailing address MAY BE A POST OFFICE BOX)	ਜਤ ਜਤ	-
	m	5
B. If amending the registered agent and/or registered office address or agent and/or the new registered office address here:	on our records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
City		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 Davidson		. Danistanud turns
II Changing Registered	l Agent, Signature of Nev	v Kegisterea 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
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			□Remove
			Change
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ective date, if other thar effective date is listed, the dat	the date of filing	g:	date of filing or m	ore than 90 days a		Pursuant to	605.020
e: If the date inserted in thument's effective date on t	nis block does not n	neet the applicat					
unent serieure date on t	ne treparanem or a	nate s records.					
cord specifies a delayed eff	ective date, but not	an effective tim	e, at 12:01 a.m.	on the earlier of	(b) The	90th day	after the
s filed.							
ed 4/03/2023		·	<u>.</u> ·				
		Barre	2				
			zed representative				