

L22 000 522 464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

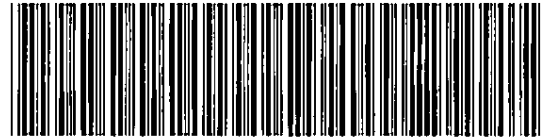
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2023 JUN 13 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FL

06/13/23--01001--011 **25.00



2023 JUN 13 AM 8:12

2023 JUN 13 AM 8:12

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Flip Side Credit 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:

Roseline Noel
Name of Person

Flip Side Credit LLC
Firm/Company

6919 West Broward Blvd STE 240
Address

Plantation, FL 33317
City/State and Zip Code

rosienoe17944@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roseline Noel at (954) 683-0876
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Flip Side Credit 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 12-13-2022 and assigned
Florida document number C22000522464

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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2023 JUN 13 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FL

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:

Deshai C. Wasstoffe

New Registered Office Address:

6240 W OAKLAND PARK STE 190123

Enter Florida street address

Lauderhill

City

Florida

33319

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.

Deshai Wasstoffe

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	Deshai C. Wagstaffe	6240 W OAKLAND Park St 190123	<input checked="" type="checkbox"/> Add
		6240 W OAKLAND Park St	<input checked="" type="checkbox"/> Remove
		Lauderhill, Fl 33319	<input type="checkbox"/> Change
MBR	Roseline Noel	5401 NW 12st	<input type="checkbox"/> Add
		Lauderhill, Fl 33313	<input checked="" 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"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

13 June, 2023

Desha C. Wofford
Signature of a member or authorized representative of a member

Deshai C. Wagstaffe
Typed or printed name of signee