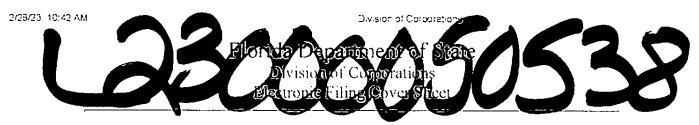
·To: 1-506175383 From: 19166105073 Date: 05/05/23 Time: 9:56 PM Page: 02/05



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC Account Number : 120180000086 Phone : (916)576-7000 Fax Number : (800)603-5868

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

Email Address: RLOPS@PARASEC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **FLIP SAVVY LLC**

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Help

T. LEMIEUX

MAY 09 2023

·Po: 1°506176383 From: 19166105073 Date: 05/05/23 Time: 9:56 PM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLIP SAVVY LLC					
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company	were filed on	and assigned			
Plorida document number					
his amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:				
he new name must be distinguishable and contain the words "Limited Liabil	hty Company," the designation "LLC" or the	abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	1010 E Division St.				
Principal office address MUST BE A STREET ADDRESS)	Lockport, H., 60441				
Enter new mailing address, if applicable:	1010 E Division St.				
Mailing address MAY BE A POST OFFICE BON)	Lockport, IL. 60441				
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	uddress on our records, <u>enter the na</u> ುಬ	une of the new register			
Name of New Registered Agent:		1			
New Registered Office Address:	Enter Florida street address	😊 ా			
	Enter r torida street address Florida	7 H			
	Cur	— Zip Gu de 			

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.

'To: 18506176383 From: 19166105073 Date: 05/05/23 Time: 9:56 PM Page: 04/05

If amending Authorized Person(s) authorized to manage, enter the fitle, 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>	Type of Action
			□ Add
			□Remove
		CRemove	□Remove
			□ Change
			□Add
			☐ Change
			□Remove
			☐ Change
			□Remove
			[]Change
			🗀 Add
			!!! Change

To: 18506176383 From: 19166105073 Date: 05/05/23 Time: 9:56 PM Page: 05/05

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record spe d is filed	illes a detayed effecti	ve date, but not	an effective tin	ne, sa 12 O1 a m. o	n the earlier of (b)	The 96th day other if
	February 21		2023	 ·		
Dated						
Dated		12	1-6-1	7	if a member	