62300540131

(Requestor's Name)	
(Address)	
(Address)	
,	
(City/Chata/Tia/Dhaga 49	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(-	
(Danish Marka)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	\neg
	Ì
	ŀ

Office Use Only



200430787972

06/04/24--01037--005 **35.00

Eured all 7:46

i alant C6/04/24

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FLIPS FOR 6005) LLC
Name of Limited Liab	lity Company
The enclosed Articles of Amendment and fee(s) are submitted for	or filing.
Please return all correspondence concerning this matter to the fo	llowing:
Luke Tip	s/e
- In	me of Person
F	irm/Company
281 SE 5th	Address
	Address
Do Bord	F/ 33060
Tumpano Death Cityls	tate and Zip Code ast equity - cum I for future finnual report notification)
_team@ addco	ast equity - com
E-mail addies: (to be used	for future finnual resort notification)
For further information concerning this matter, please call:	
Luke Tiple Name of Parson	"(954) 579- 0893
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☑ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$3	5.00 Filing Fee & \$60.00 Filing Fee,
Certificate of Status C	Certified Copy Certificate of Status & Certified Copy Idditional copy is enclosed) Certified Copy
already	(additional copy is enclosed)
Purg	
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLIPS FOR	600D LLC		
(<u>Name of the Limited Liabi</u> (A Flore	lity Company as it now appears on o da Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability (Florida document number <u> </u>	Company were filed on 12	05 23 a	nd assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
	EQUITY LLC		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designa	tion "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:	h/a		
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:	na		چې
(Mailing address MAY BE A POST OFFICE BOX)	<u>-</u>	 	<u>0</u>
			=
B. If amending the registered agent and/or registere agent and/or the new registered office address here:			he new registered
Name of New Registered Agent:	n/a		
New Registered Office Address:	N C Enter Florida str	eet 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 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

Title	Name	Address	Type of Action
MOR	AZLUTIC	581 SE 5th Au	_ □Add
		Ponpino Beach FC 33060	□ Remove
			Change
		* NO CHANGE	□Add
			□ Remove
			Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change

1	No.	change	2.5	to	awi	rersh.	\D 0	· C	Mana	wenent
	Acuc			h.5		1			Ų.	
>	7/ 00	. 100 .		~\`\	17	simp	ئے۔	<u>``</u>	ngne	ر کردورون
-						<u>_</u>				
		· · · · · · · · · · · · · · · · · · ·	-							
				-	_					
									_	
				-						
										
ective da	ate, if otl	her than the	date of fili	ing:				(optional)	
effective	date is list	ed, the date must	be specific a	and canno				ın 90 dayı	after filing.	Pursuant to 605.
ument's	effective	date on the De	ck does no partment o	f State's	records.	ole statutory	ming requ	nrement	s, this date	will not be liste
cord spec	ifies a de	layed effective	date, but n	iot an ef	fective tim	ne, at 12:01	a.m. on the	earlier	of: (b) Th	e 90th day after
filed.		•	ŕ			,			` ,	, ,
	. 1	١.				1				
ed	8	29/2	4	_, _4	1//	// _ ·				
	ŀ	1								
			_	1/1/						
_				/ /	<u>/// \ </u>					
_	·		signature of	a membe		ized represen				LCC)

Filing Fee: \$25.00