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(Requestor's Name)
(Address)
V. O.S. C. C.
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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MECHOE!

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: /のx	FLIPWORX Name of Lim	LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	KRAMER	CRUZ Name of Person	
		Name of Person	
	10x FLIPW	ORX LLC Firm/Company	
		Firm/Company	
	8957 SW 2	208 th St	
	Cutler Ba	City/State and Zip Code C @ G ma 1 1 . Com to be used for future annual report notific	
		City/State and Zip Code	
	FLIPWORXLL E-mail address: (1	Cegman. Com	cation)
For further information c	oncerning this matter, please ca		
	-		3.7.0
<u> </u>	CYUZ f Person	at (310) 910 Area Code Daytime	Telephone Number
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Enclosed is a check for the	ne following amount:		
罗 \$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

/OX FLIPWORX LLC	any as it now appears on our records)
(A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000114470</u> .	were filed on $3/5/24$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
	~ 3
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation \(\frac{\mathbb{R}}{L.C."}\)
Enter new principal offices address, if applicable:	[De .
(Principal office address MUST BE A STREET ADDRESS)	2
Enter new mailing address, if applicable:	ယ
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
<u></u>	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	1

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	<u>Name</u>	Address	Type of Action
MGR	KRAMER SIRI		□Add
			⊠Remove
			□Change
MGR	Michael R. Siri	8957 SW 208 St	DAdd
	<u>C</u>	Cutler Bay FL 33189	□Remove
			□Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

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an effecti <u>ote:</u> If t	date, if other than the date of filing:	
is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	he
ated	3/20/2024	
	1	
	Signature of a member or authorized representative of a member	
	KRAMER CRUZ	

Filing Fee: \$25.00