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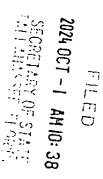
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
g
J. DENNIS
10/25/24





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COVER LETTER

TO: Registration Sec Division of Corp			
WHIPS2CA SUBJECT:	SH, LLC		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Limi	ited Liability Company	
The enclosed Articles of /	Amendment and fee(s) are subi	mitted for filing.	
Please return all correspor	dence concerning this matter t	to the following:	
	BRIANNAH SCHREFFLE	ER BUCK	
		Name of Person	
	WHIPS2CASH, LLC		
	,	Firm/Company	
	34609 SALERNO CIR		
		Address	.
	SORRENTO, FL 32776		
		City/State and Zip Code	
	whips2cash@gmail.com		
	E-mail address: (t	o be used for future annual report notifi	cation)
For further information co	ncerning this matter, please ca	ill:	
BRIANNAH SCHREFFLER BUCK 951 312-5063			
Name of Person		at () Area Code Daytime	Telephone Number
	8 H		
Enclosed is a check for the	2 following amount:		
■ \$25.00 Filing Fee	☐ \$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 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 ARTICLES OF ORGANIZATION **OF**

WHIPS2CASH, 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 $\frac{877/2024}{1}$ _____ and assigned Florida document number 1.24000350484 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 "LLC." 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) 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: BRIANNAH SCHREFFLER BUCK Name of New Registered Agent: 34609 SALERNO CIR New Registered Office Address: Enter Florida street address ____, Florida 32776 Zip Code SORRENTO

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.

City

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>	Address	Type of Action
MGR	BRIANNAH SCHREFFLER BUCI	34609 SALERNO CIR, SORRENTO, FL 32776	= Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	
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-	
<u>vote:</u> If	date, if other than the date of filing:
record s d 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 the
ated	Signature of a member or authorized representative of a member
	,
	MARK ALVAREZ Typed or printed name of signee

Filing Fee: \$25.00