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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	DRATION:	904 FLIP WHIPZ, INC.	
DOCUMENT NU		P15000023644	

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Firm/ Company 14231 FALCON CREST DR Address JACKSONVILLE, FL 32224 City/ State and Zip Code
Address JACKSONVILLE, FL 32224
JACKSONVILLE, FL 32224
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIKHAIL GRI	GORYEV	904 at (322-3321
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fp	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ma	iling Address	Street	Address
Air	endment Section	Ameno	Iment Section
Div	ision of Corporations	Divisio	on of Corporations
P.C	Box 6327	Cliftor	1 Building
Tal	ahassee, FL 32314	2661 E	Executive Center Circle
		Tallah	assee, FL 32301

 Articles of Amendment to	
Articles of Incorporation of	
904 FLIP WHIPZ, INC.	
 (Name of Corporation as currently filed with the Florida Dept. of State)	
P15000023644	
 (Document Number of Corporation (if known)	

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

904 FLIPS, INC.		The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	•	
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A	

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

(Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: (City) (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: (hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	<u>Name of Ne</u>	v Registered Agent	N/A	
<u>New Registered Office Address</u> :			(Florida street address)	
(City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. MA Signature of New Registered Agent, if changing	New Registe	ered Office Address:	N/A	. Florida
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	<u></u>	<u>, (, , , , , , , , , , , , , , , , , , </u>	(City)	
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.				
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.				
Signature of New Registered Agent, if changing				
	hereby accept the a	ppointment as regist	ered agent. I am familiar with and accept i	the obligations of the position.
			N/A	
			Signature of New Registered Agent,	, if changing
Page 1 of 4				,, , , , , , , , , , , , , , , , , , , ,
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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional speets, if necessary)

Please note the officer/director title by the first letter of the office title.

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; GFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Renove, and Sally Smith, SV as an Add.

Exa	m	pl	e	:
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<u>X</u> Change	<u>PT John</u>	Doc	
<u>X</u> Remove	<u>V Mike</u>	<u>e Jones</u>	
<u>X</u> Add	<u>SV Sally</u>	<u>z Smith</u>	
<u>Type of Action</u> (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	N/A	NO CHANGE	NO CHANGE
Add			
Remove			
2) Change			
Add Remove			
3) Change			
Add			<u> </u>
Remove			
4) Change			
Add Remove			
			<u> </u>
5) Change		<u> </u>	
Add			
Remove			· <u> </u>
6) Change			
Add			
Remove			



E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

PLEASE DO NOT REMOVE OR CHANGE ANY OFFICERS. THE OFFICERS WILL REMAIN THE SAME. THIS

IS A NAME CHANGE ONLY

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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

N/A						
	·					
		-	 			
		<u> </u>				
				-	<u> </u>	

	•		

The date of each amendment(s) adoption: ______, if other than the date this document was signed.

Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Depart	k does not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were adopted by the shareholders was/were sufficient	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	the amendment(s) was/were sufficient for approval
by	,,,,,,,,
	(voting group)
The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and shareholder
	5/2018
Dated	
Signature (By a direct	tor, president or other officer – if directors or officers have not been
	y an incorporator – if in the hands of a receiver, trustee, or other court
appointed t	iduciary by that fiduciary)
	MIKHAIL GRIGORYEV
	(Typed or printed name of person signing)
	PRESIDENT
· · · · · · · · · · · · · · · · · · ·	(Title of person signing)