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| (Red | questor's Name) | |
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| (City | //State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | siness Entity Na | me) |
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| Certified Copies | Certificate | s of Status |
| Special Instructions to I | Filing Officer: | |
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SECRETARY OF S.W., SECRETARY OF S.W., SECRETARY OF SECRETARY



COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPOR | RATION: FLIPPERS RENO | VATIONS INC | |
|--------------------------|---|--|---|
| DOCUMENT NUME | BER: P20000019263 | | |
| The enclosed Articles | of Amendment and fee are sul | bmitted for filing. | |
| Please return all corres | spondence concerning this ma | tter to the following: | |
| | IGNACIA FRIAS | | |
| | | Name of Contact Person | 1 |
| | FLIPPERS RENOVATIONS INC | | |
| | Firm/ Company | | |
| | 5742 BASSETT PL | | |
| | | Address | |
| | SANFORD FL 32771 | | |
| | | City/ State and Zip Cod | e |
| | FLIPPERSRENO@YAHOO | .СОМ | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further informatio | n concerning this matter, pleas | se call: | |
| IGNACIA FRIAS | | at (| |
| Name | of Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for | r the following amount made | payable to the Florida Dep | artment of State: |
| ■ \$35 Filing Fee | ☐ \$43.75 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) |
| Am Div P.O | endment Section ision of Corporations Box 6327 ahassee, FL 32314 | Ameno Divisio The C 2415 | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303 |

Articles of Amendment to Articles of Incorporation of

ELIBBERG REMOVATIONS INC

| FLIPPERS RENOVATIONS INC | | |
|--|----------------------|-----------------|
| (Name of Corporation as currently filed with the Florida Dept. of Stat | t <u>e</u>) | |
| P20000019263 | | |
| (Document Number of Corporation (if known) | | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the its Articles of Incorporation: | following amendmen | it(s) |
| A. If amending name, enter the new name of the corporation: | | |
| | The new | |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the all "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must "chartered," "professional association," or the abbreviation "P.A." | bbreviation "Corp.," | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | |
| (Trincipal Office and ess Most Michael Annies Annie | | |
| | | |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| · | | |
| | | |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the | <u>e</u> | |
| new registered agent and/or the new registered office address: | | |
| Name of New Registered Agent | | |
| | | |
| (Florida street address) | | |
| New Registered Office Address:, Florida | ı | |
| (City) | (Zip Code) | |
| | | |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the p | | |
| | 620 | <u>:</u> (၂) |
| | 3 | <u></u> |
| Signature of New Registered Agent, if changing | 2029 MAR 3 | <u> </u> |
| | 3 gg | |
| Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S. | — | 파다 V |
| - the mineralization of the honoran in a political factories. | (A) 1-1 | * ** |

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 sheets, 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; CFO = 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 Remove, and Sally Smith, SV as an Add.

| Example: XChange | <u>PT</u> <u>John</u> | Doe | |
|-------------------------------|------------------------|---------------|------------------|
| X Remove | <u>V</u> <u>Mike</u> | e Jones | |
| X Add | <u>SV</u> <u>Sally</u> | / Smith | |
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| | PRESID | IGNACIA FRIAS | 5742 BASSETT PL |
| 1) Change X Add | | | SANFROD FL 32771 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | - |
| Remove | | | |

| (Attach additional sheets, if necessary). (Be specific) | |
|---|-----------------------------------|
| DD OFFICER | |
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| If an amendment provides for an exchange, reclassification, provisions for implementing the amendment if not contains | or cancellation of issued snares, |
| (if not applicable, indicate N/A) | |
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| | 02/27/2020 | |
|---|---|---|
| The date of each amendment(s) | adoption: | , if other than the |
| date this document was signed. | | |
| | 2/27/2020 | |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment f | ile date) |
| Note: If the date inserted in this document's effective date on the | s block does not meet the applicable statutory filing requ Department of State's records. | irements, this date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ■ The amendment(s) was/were a action was not required. | adopted by the incorporators, or board of directors without | shareholder action and shareholder |
| ☐ The amendment(s) was/were a by the shareholders was/were | adopted by the shareholders. The number of votes east for sufficient for approval. | the amendment(s) |
| ☐ The amendment(s) was/were a must be separately provided j | approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the an | following statement nendment(s): |
| "The number of votes ea | ast for the amendment(s) was/were sufficient for approval | |
| by | | |
| , | (voting group) | |
| 02/27/20 |)20 | |
| Dated | | |
| Signature 💯 | Ignacia Frias | |
| (By a | director, president or other officer - if directors or office | |
| | eted, by an incorporator – if in the hands of a receiver, trus | stee, or other court |
| appo | ointed fiduciary by that fiduciary) | |
| | IGNACIA FRIAS | |
| | (Typed or printed name of person signing) | |
| | President | |
| | (Title of person signing) | |