

## Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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H240003327683ABC2

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : BGCON GROUP LLC

Account Number : I20220000126

Phone : (786)923-8020

Fax Number : (305)280-1696

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

info@bgcon-group.com

## COR AMND/RESTATE/CORRECT OR O/D RESIGN

## FLIP MASTERS CORP

|                       |         |
|-----------------------|---------|
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COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: FLIP MASTERS CORP

DOCUMENT NUMBER: P24000059316

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

Please return all correspondence concerning this matter to the following:

HECTOR JIMENEZ

Name of Contact Person

BGCONGROUP

Firm/ Company

7801 NW 37th ST STE LP-108

Address

DORAL FL 33195

City/ State and Zip Code

info@bgcongroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HECTOR JIMENEZ

Name of Contact Person

at ( 954 )

8598334

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

Mailing Address

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## FLIP MASTERS CORP

(Document Number of Corporation (if known))

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

**B. Enter new principal office address, if applicable:**  
**(Principal office address MUST BE A STREET ADDRESS)**

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 new registered agent and/or the new registered office address:**

Name of New Registered Agent \_\_\_\_\_  
\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(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 position.*

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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:

☒ Change      PT      John Doe

☐ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

| Type of Action<br>(Check One)              | Title           | Name                         | Address                      |
|--|-----------------|------------------------------|------------------------------|
| 1) <input type="checkbox"/> Change         | <u>VP</u>       | <u>RUIZ, ALBERTO</u>         | <u>239 BOTTLE BRUSH DR</u>   |
| <input type="checkbox"/> Add               |                 |                              | <u>HAINES CITY, FL 33844</u> |
| <input checked="" type="checkbox"/> Remove |                 |                              |                              |
| 2) <input type="checkbox"/> Change         | <u>VP</u>       | <u>RUIZ G, ANGEL ALBERTO</u> | <u>239 BOTTLE BRUSH DR</u>   |
| <input checked="" type="checkbox"/> Add    |                 |                              | <u>HAINES CITY, FL 33844</u> |
| <input type="checkbox"/> Remove            |                 |                              |                              |
| 3) <input type="checkbox"/> Change         | <u>        </u> | <u>        </u>              | <u>        </u>              |
| <input type="checkbox"/> Add               |                 |                              | <u>        </u>              |
| <input type="checkbox"/> Remove            |                 |                              | <u>        </u>              |
| 4) <input type="checkbox"/> Change         | <u>        </u> | <u>        </u>              | <u>        </u>              |
| <input type="checkbox"/> Add               |                 |                              | <u>        </u>              |
| <input type="checkbox"/> Remove            |                 |                              | <u>        </u>              |
| 5) <input type="checkbox"/> Change         | <u>        </u> | <u>        </u>              | <u>        </u>              |
| <input type="checkbox"/> Add               |                 |                              | <u>        </u>              |
| <input type="checkbox"/> Remove            |                 |                              | <u>        </u>              |
| 6) <input type="checkbox"/> Change         | <u>        </u> | <u>        </u>              | <u>        </u>              |
| <input type="checkbox"/> Add               |                 |                              | <u>        </u>              |
| <input type="checkbox"/> Remove            |                 |                              | <u>        </u>              |

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

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

**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)

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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 does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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)

Dated 09/30/2024 \_\_\_\_\_

Signature \_\_\_\_\_  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

FAMUR SEQUEA

\_\_\_\_\_  
(Typed or printed name of person signing)

\_\_\_\_\_  
(Title of person signing)