Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000088162 3)))



H220000881623ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 Phone : (727)442-1200 Fax Number : (727)443-5829

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

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TEAM RIPA, LLC

Certificate of Status	
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

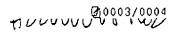
Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TEAM RIPA, LLC						
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)					
The Articles of Organization for this Limited Liability Cor Florida document number <u>L05000102614</u>	mpany were filed on 10/18/2005	and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limite	ed liability company here:					
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRE	<u> </u>					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFF[CE BOX)		AS 25				
B. If amending the registered agent and/or registered of	Man address on our records enter th	A name of the May registere				
B. If amending the registered agent and/or registered office address here:	office address on our records, enter the	-9 PH				
Name of New Registered Agent:		<u> </u>				
New Registered Office Address:	Enter Florida street address	10 TO				
	, Flor	ida				
	City	Zip Code				

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.



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 .	JOSEPH C. LAFACE	1409 TECH BLVD STE I	■Add
	•	TAMPA, FL 33619	□Rcmovc
			Change
			DAdd
			□Remove
			□Change
···			□Add
			□Remove
٠.			□ Change
			□Adđ
			□Remove
•			Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□ Change

_							-
_					<u> </u>		
_							
_							
-					<u>-</u>	·	
-							
_		-		 -			
-							
			-				
-					<u> </u>	<u> </u>	
_			<u> </u>			<u></u> -	
_							<u>-</u> _
_							
-					·· ·- ·		
-							
7 f Y n afr	Huo data if athar than the	dote of filings			(o	ntional)	
Note:	tive date, if other than the Textive date is listed, the date must If the date inserted in this blacent's effective date on the D	lock does not me	et the applicab	date of filing or n le statutory filin	nore than 90 days a g requirements,	fler filing.) Pursuant this date will not	to 605.0207 be listed as
rccor d is fi	rd specifies a delayed effectiviled.	ve date, but not a	n effective tim	e, at 12:01 a.m.	on the earlier of	: (b) The 90th da	ly after the
Jated	MARCH 8		2022				
	·			-			

Filing Fee: \$25.00

Typed or printed name of signee