

LO8000045060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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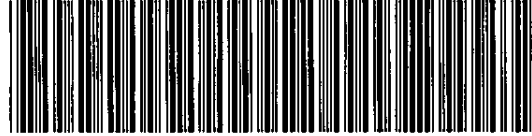
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 MAY 15 AM 11:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 21 2015

J SHIVERS

# Apperson Crump

The Law in Memphis Since 1865

APPPERSON CRUMP PLC  
6070 Poplar Avenue  
Sixth Floor  
Memphis, TN 38119

May 13, 2015

**VIA FEDERAL EXPRESS**

901-756-6300  
901-757-1296 fax

[www.appersoncrump.com](http://www.appersoncrump.com)

Florida Department of State  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Articles of Amendment - Expedited Processing

To Whom It May Concern:

The following limited liability company would like to amend its Articles of Organization:

- SPIH Pompano Beach, LLC

**Please return a hard copy of the request back to my attention in the enclosed FedEx self-addressed envelope.**

We understand a \$60 filing fee for the certificate of status and certified copy will apply for this entity. Please find our check enclosed.

Best Regards,



Rachel Dyer

/aw  
Enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SPIH POMPANO BEACH, LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Rachel Dyer  
Name of Person

Apperson Crump PLC  
Firm/Company

6070 Poplar Avenue, Suite 600  
Address

Memphis, Tennessee 38119  
City/State and Zip Code

rdyer@appersoncrump.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rachel Dyer at ( 901 ) 271-2727  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|---|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SPIH POMPANO BEACH, 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 05/06/2008 and assigned  
Florida document number L08000045060.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

RIPB LLC

- The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**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:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida

City

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Richard B. Squires	2101 Cedar Springs Road	<input type="checkbox"/> Add
		Dallas TX 75201	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	John Metz	1800 Old Okeechobee Rd, Suite 100	<input checked="" type="checkbox"/> Add
		West Palm Beach, FL 33409	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Tyler Morse	152 W 57th Street, 46th Floor	<input checked="" type="checkbox"/> Add
		New York, New York 10019	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MCR FLL LLC	152 W 57th Street, 46th floor	<input checked="" type="checkbox"/> Add
		New York, New York 10019	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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ALBANY, NEW YORK

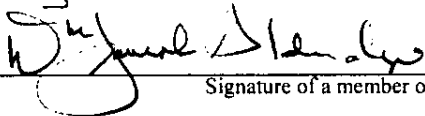
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated May 13, 2015



Signature of a member or authorized representative of a member

W. Joseph Aldridge

Typed or printed name of signee