105000/22466

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
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SECRETARY OF BURDAN

Amend

JAN 1 4 2020 I ALBRITTON

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Sc Division of Cor			
Ripa LLC SUBJECT:			
SUBJEC1:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Maria Marchetti		
		Name of Person	
		Firm/Company	
	255 Clarke Avenue		
		Address	
	Palm Beach, FL 33480		
	mmmarchetti@gmail.com	City/State and Zip Code to be used for future annual report no	uitication)
For further information c	concerning this matter, please or		
Maria Marchetti		561 670-3081	
Name o	of Person	at () Area Code — Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Fiting Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection
Division of C		Division of Co	orporations
P.O. Box 631		The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MISOEC | PH 3: F Ripa 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 $\frac{12/22/2005}{12}$ Florida document number <u>L05000122466</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 255 Clarke Avenue Enter new principal offices address, if applicable: Palm Beach, FL 33480 (Principal office address MUST BE A STREET ADDRESS) 255 Clarke Avenue Enter new mailing address, if applicable: Palm Beach, FL 33480 (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

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>	Address	Type of Action
MGR	Amos Dare	1447 Medical Park Blvd.Suite 100	□Add
		Wellington, FL 33414	■Remove
			□Change
			🗀 Add
			□Remove
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			□Change

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Fan effective date is li <u>Note:</u> If the date in		te of filing: specific and cannot does not meet the	e applicable statut	ling or more than 90 o ory filing requirem		
	ies a delayed e after the record		out not an effe	ective time, at 1	2:01 a.m. on	the earlier (
November 2	1	2019				
			1	1 ///		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00