

L070000275/5

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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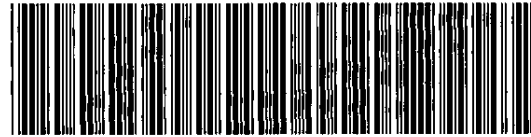
(Business Entity Name)

(Document Number)

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10 AUG 17 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

AUG 18 2010

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: VERIFIP, 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:

**GRANT GREGORY, CPA**  
Name of Person  
**G&A TAX AND ACCOUNTING SERVICES, LLC**  
Firm/Company  
**16575 HUTCHISON RD**  
Address  
**ODESSA, FL 33556**  
City/State and Zip Code  
**gandatax@gmail.com**  
E-mail address: (to be used for future annual report notification)

**FILED**  
**10 AUG 17 AM 11:15**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

**GRANT GREGORY, CPA** at ( **813** ) **842-9574**  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee    ☐ \$30.00 Filing Fee & Certificate of Status    ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (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**

**VERIFIP, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
10 AUG 17 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/13/2007 and assigned

Florida document number L07000027515

This amendment is submitted to amend the following:

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

N/A

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

**Enter new principal offices address, if applicable:**

2202 N WESTSHORE BLVD, SUITE 115

**(Principal office address MUST BE A STREET ADDRESS)**

TAMPA, FL 33607

**Enter new mailing address, if applicable:**

2202 N WESTSHORE BLVD, SUITE 115

**(Mailing address MAY BE A POST OFFICE BOX)**

TAMPA, FL 33607

**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:

N/A

New Registered Office Address:

2202 N WESTSHORE BLVD, SUITE 115

*Enter Florida street address*

TAMPA

, Florida

33607

*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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FILED**  
**10 AUG 17 AM 11:16**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Dated AUGUST 12TH, 2010

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

GRANT GREGORY, CPA  
 \_\_\_\_\_  
 Typed or printed name of signee