L07000072178

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EXAMINER



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DIVISION OF CORPORATIONS

11 AUG 15 AN ID- 21

COVER LETTER

10.	Division of Co			
SUBJE	CT.	RIPA & AS	SSOCIATES, L.L.C.	Q.
SUBJE			nited Liability Company	11 NO 15 MICE
The enc	closed Articles o	f Amendment and fee(s) are su	ubmitted for filing.	615
Please r	eturn all corresp	ondence concerning this matte	er to the following:	A ICE A
			Penny Clark Name of Person	
			Name of Terson	
			RIPA & Associates	
			Firm/Company	
		1	409 Tech Blvd, Suite 1	
			Address	
			Tampa, FL 33619	
			City/State and Zip Code	
		E-mail address:	clark@ripatampa.com (to be used for future annual report notification)	
For furth	her information	concerning this matter, please		
		Penny Clark of Person	at (813) 623-6777 Area Code & Daytime Telephone Number	_
		he following amount:		
₹ \$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional co	Status &
	Regist Divisio P.O. B	AING ADDRESS: ration Section on of Corporations lox 6327 assee, 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

	RIPA & A	ASSOCIATES, L.L.	C.	22
(Nam	ne of the Limited Liabilit	y Company as it now appea Limited Liability Company)	ars on our records.)	G 27
	(A Florida	Ennited Liability Company)		5 33
The Articles of Organization fo	r this Limited Liability (Company were filed on	July 11, 2007	and assig
Florida document number	L07000072178	·		and assign a
This amendment is submitted to	o amend the following:			
A. If amending name, <u>enter t</u>	he new name of the lin	nited liability company he	re:	
The new name must be distinguis	hable and end with the wo	ords "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices ad	ldress, if applicable:			
Principal office address MUS	T BE A STREET ADD.	RESS)		<u></u>
Enter new mailing address, if	applicable:			
Mailing address MAY BE A F		<u> </u>		
	<u> </u>			
B. If amending the register			our records, <u>enter th</u>	ne name of the new
registered agent and/or the ne	w registered office add	iress here:		
Name of New Register	red Agent:			
New Registered Office	e Address:			
	Enter Florida street address			
	<u></u>		, Florida	
		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>	Name	<u>Address</u>	Type of Action
<u>P</u>	Chris LaFace	1409 Tech Blvd, Suite 1 Tampa, FL 33619	Add Remove
<u></u>			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	_
			
Dated	August 1 2	011	_
	Signature of a member	er or authorized representative of a member	
	Frank P. Ripa, I	Managing Member, CEO/Owner	
	Туре	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00