

#L10000034680

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

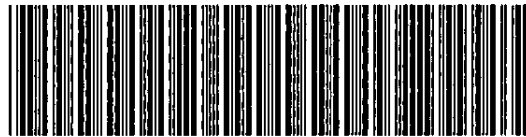
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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FILED  
12 MAR -5 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
MAR 7 2012

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RipNLip Outfitters, 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:

William C. Pigott III  
Name of Person  
RipNLip Outfitters, LLC.  
Firm/Company  
35 Oak Street  
Address  
North Fort Myers, FL 33903  
City/State and Zip Code  
WCPigott@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Pigott at (239) 246-3446  
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**

RIP N LIP OUTFITTERS LLC

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

FILED  
12 MAR -5 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3/29/2010 and assigned Florida document number L10000034680.

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 end with 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)

35 oak street, North Fort  
Myers, FL, 33903

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

35 oak street North Fort  
Myers, FL, 33903

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:

William C. Pigott III

New Registered Office Address:

35 oak street

Enter Florida street address

North Fort Myers, Florida 33903  
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.

William C. Pigott III

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

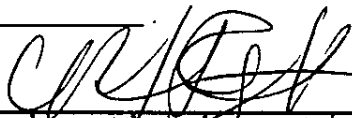
MGRM = Managing Member

| <u>Title</u> | <u>Name</u>           | <u>Address</u>                                   | <u>Type of Action</u>  |
|--------------|-----------------------|--|--|
| MGRM         | Pigott, Chelsea A.    | 35 oak Street. North Fort<br>Myers, FL, 33903 US | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR          | Pigott, William C III | 35 oak street North fort<br>Myers, FL 33903      | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                       |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
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|              |                       |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

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

Dated 2/20/2012,

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Chelsea A. Pigott  
\_\_\_\_\_  
Typed or printed name of signee