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## **COVER LETTER**

TO: Registration: Division of C			
Ribbon V	entures, LLC		
	Name of L	mited Liability Company	<del></del>
The enclosed Articles of	of Amendment and fee(s) are su	ibmitted for filing.	
	ondence concerning this matte		
,	Rita M. Wilson		
		Name of Person	<del></del>
		Firm/Company	<del></del>
•	712 Shore Drive		
		Address	<del></del>
	Boynton Beach, FL 3343	5	
		City/State and Zip Code	<del></del>
	rita.wilson28@gmail.com	(a bassed & E.	
For further information a	concerning this matter, please of	(to be used for future annual report notif	ication)
	concerning this matter, please (	zan:	
Rita Wilson		at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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

Ribbon Ventures, LLC		
(Name of the Limited Liah (A Flor	oility Company as it now appears on our ida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	Company were filed on August 20,	2013 and assigned
Florida document number L13000117616	·	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	<u> </u>
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	"LLC" or the abbreviation "I I C"
Enter new principal offices address, if applicable:		0 1
(Principal office address MUST BE A STREET ADD	DRESS)	PH
	<del></del>	
		<del></del>
E-4		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered agent	stered office address on any	
registered agent and/or the new registered office ad-	dress here:	cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		-
	Enter Florida street a	ddress
		, Florida
	City	Zip Code
lew Registered Agent's Signature if changing Designature		in the second

## 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	Rita M. Wilson	712 Shore Drive	□ Add
		Boynton Beach, FL 33435	Remove
MGR	REM 6 Development, LLC	712 Shore Drive	□ Change
· ·		Add	
	Boynton Beach, FL 33435	Remove	
		□ Change	
			DRemove TI
<del></del> -			
			□ Remove
			☐ Remove
			Change
			□ Remove
			Channe .

D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del> -	
<del></del>	PH I: Of
Note: If the	te, if other than the date of filing:
If the record s <sub>i</sub> (b) The 90th	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: day after the record is filed.
Dated	Clober 30, 2017.
<del></del>	Signature of a member of authorized representative of a member
Rit	a M. Wilson, Manager of REM 6 Development, LLC
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00