L13000118198

•		
(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200293025752

01/09/17--01021--012 **60.00

FILEU

TAN -9 PH 5: 07

SECRELARIES FLORIDA

SECRELARIES FLORIDA

D. SCOTT JAN 1 0 2017

COVER LETTER

TO: Registration Se Division of Cor				
TIPREPOR	RTS.COM, LLC			
50bjbc1	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	Chad Love			
		Name of Person	····	
	Charactor Club, LLC			٣
		Firm/Company	₹	
	1637 SW 8th ST, Suite 200	6		
		Address		
	Miami, FL 33135			
	chad@charactorclub.com	City/State and Zip Code		
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report notif	ication)	FILED
Chad Love		305 725-8448 at ()	_	100 PM 50
Name o	of Person	Area Code Daytime	Telephone Number	5: 01
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)	Certified	te of Status &

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

TIPREPORTS.COM, LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our records.) Diability Company)	
The Articles of Organization for this Limited L		8/21/2013	and assigned
Florida document numberL13000118198	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited liab	ility company here:	
Charactor Club, LLC			
he new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1637 SW 8th ST	
		Suite 206	
		Miami, FL 33135	
		1427 CW 9th CT	
Enter new mailing address, if applicable:		1637 SW 8th ST	
Mailing address MAY BE A POST OFFICE	BOX)	Suite 206	
		Miami, FL 33135	
B. If amending the registered agent and registered agent and/or the new registered or	₩.	· ·	er the name of the
egistered agent and of the new registered	inco dadi cos ner	<u>×</u> ·	· 预整 6 m
Name of New Registered Agent:	Chad Love		1969 B C
New Registered Office Address:	1637 SW 8th S		25. v.
		Enter Florida street address	
	Miami	, Florida	33135
		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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
.			Add
			Remove
			Change
 			
	•		□ Remove
			□ Add
			Remove
			Change
			Add
			□ Remove
			hange
			Add
			Remove
	.~		ن. □ Change
			.□ Remove
			☐ Change

-				
•				
	<u> </u>			
	. = .			
		<u> </u>		
<u> </u>	<u> </u>			
·				
	·			
	····			
ective date, if other than the dat effective date is listed, the date must be	te of filing:	o data of filing or more than	(optional)	ra 60 5-€ 21
e: If the date inserted in this block	does not meet the applica	ble statutory filing requi	rements, this date will not be	e listed a
ument's effective date on the Depar	tment of State's records.			是
			<u> </u>	(E)
record specifies a delayed ef	fective date, but not	an effective time,	at 12:01 a.m. on the e	arlier
ne sour day arter the record	is med.		•	
effective date is listed, the date must be te: If the date inserted in this block ument's effective date on the Depar record specifies a delayed ef he 90th day after the record January 3 ed	2017			智品
ed	, /// -	- ·		7
	(DOU)			
Sign	nature of a member or author	ized representative of a mi	ember	_

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00