L14000041777

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Dick Ripus 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:
JASON K Euis
Dick Riplis, LLC dba Cob + PEN
1221 S FLORIDA AVE.
LAKELAND FL 33803
City/State and Zip Code akelandcobandpen@gnail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JASON E ENIS at 76 294 - LE 74 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$ \$\times \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$\$ \$Certified Copy (additional copy is enclosed)\$\$\$ \$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

Dick Ri	ipis LLC		
(Name of the Limited	Liability Company as it now appear Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liab Florida document number # L14 0000 This amendment is submitted to amend the follow	41777	3/12/2014	and assigned
A. If amending name, enter the new name of t	•	<u>re</u> :	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the d	esignation "LLC" or the ab	obreviation L.L.C.".
Enter new principal offices address, if applicat	ole:		and the second s
(Principal office address MUST BE A STREET	ADDRESS)		
5. W 11 16 W 11			<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO			· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered officers.	r registered office address on	our records, enter	the name of the new
Name of New Registered Agent:	JASON K E	mis	
New Registered Office Address:	1221 S Float	ida street address	
	LAKELANO	, Florida	33803
	City	, Piorida	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

Page 1 of 3

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

Title <u>Name</u> Address **Type of Action** □ Add ☐ Change JASON K Fuis 33803 □ Remove Change CHURCH ST. □ Remove Change $\Gamma \hookrightarrow$ AMBR Conn **₩**Add te 3380 ☐ Remove ☐ Change Richard | SHERFEY WINFREE AVE. □ Add **⊅**Remove ☐ Change □ Add □ Remove ☐ Change

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		5	Signature of	a member	or authorized	representativ	e of a memb	er		

Page 3 of 3

Filing Fee: \$25.00