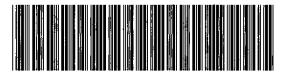
## L140000 94711

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	∋ <b>#</b> )
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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MAY 28 2015

J SHIVERS

## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE(	CT: RI	ECIPING, LLC		
S C D G E	C1	Name of Limi	ited Liability Company	· · .
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		J.P. CAPPELL		
			Name of Person	
		URBITA, LL	С	
			Firm/Company	
		600 BRICKEI	LL AVE STE 1725	
			Address	<del></del>
		MIAMI, FL 3	3131	
			City/State and Zip Code	
		pk@urbita.co		<u>.</u>
		E-mail address: (1	to be used for future annual report notific	cation)
For furtl	her information c	oncerning this matter, please ca	all:	
	PABLO KI	LEINMAN	at ()571-8448	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne following amount:		
<b>ট</b> \$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

RECIPING, LLC		
( <u>Name of the Limited Li</u> (A F	ability Company as it now appears on our re orida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liabili	ty Company were filed on 6/12/201	4 and assigned
Florida document number <u>L14000094711</u>		
This amendment is submitted to amend the followin	g:	
A. If amending name, <u>enter the new name of the</u>	limited liability company here:	
RINGO APP, LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company." the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>	
Principal office address MUST BE A STREET A	DDRESS)	
	<del></del>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	0	
B. If amending the registered agent and/or registered agent and/or the new registered office		ords, enter the name of the new
registered agent and/or the new registered office	aunics nere.	5
Name of New Registered Agent:		
		Thomas of Thomas
New Registered Office Address:	Enter Florida street a	ddress
	and Fortun street w	
<del>-</del>	Citv	, Florida Zip Code
		W. T.

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
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			☐ Remove
			Change
			Add
			Remove
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Effective	e date, if other than the d	ste of filing:			_ (optional)	Ö	etter y
Note: If	tive date is listed, the date must be the date inserted in this bloc at's effective date on the Dep	k does not meet the	applicable statuto	ling or more than 90 cory filing requirement	lays after filmig Pu	strant to 603	5:0207 ( ed as t
	ord specifies a delayed e Oth day after the recor		ut not an effe	ctive time, at 1	2:01 a.m. on	the earli	er of:
Dated _	May 22nd		15				
		No.	<b>_</b>	<del>-</del>			
	Si	gnature of a member of	or authorized repres	sentative of a membe	r		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00