

L14000147714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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17 AUG 28 AM 7:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sip Code, 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:

Richard Millian

\_\_\_\_\_  
Name of Person

Millian Law Group

\_\_\_\_\_  
Firm/Company

13513 Prestige Place, Suite 101

\_\_\_\_\_  
Address

Tampa, FL 33635

\_\_\_\_\_  
City/State and Zip Code

mark@sip85.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Millian

813 200 5894

\_\_\_\_\_  
Name of Person

at ( )

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

**Sip Code, LLC**

The Articles of Organization for this Limited Liability Company were filed on 09/18/14 and assigned Florida document number L14000147714

**A. If amending name, enter the new name of the limited liability company here:**

**Enter new principal offices address, if applicable:**

4940 Ridgemoor Boulevard

**(Principal office address MUST BE A STREET ADDRESS)**

Palm Harbor, FL 34685

**Enter new mailing address, if applicable:**

4940 Ridgemoor Boulevard

***(Mailing address MAY BE A POST OFFICE BOX)***

Palm Harbor, FL 34685

**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:**

**New Registered Office Address:**

Enter Florida street address

\_\_\_\_\_, Florida  
City

**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>   | <u>Address</u> | <u>Type of Action</u>                      |
|--------------|---------------|----------------|--------------------------------------------|
| MGR          | Mark Bruseski |                | <input checked="" type="checkbox"/> Add    |
|              |               |                | <input type="checkbox"/> Remove            |
|              |               |                | <input type="checkbox"/> Change            |
| MGR          | Kevin Bechtel |                | <input type="checkbox"/> Add               |
|              |               |                | <input checked="" type="checkbox"/> Remove |
|              |               |                | <input type="checkbox"/> Change            |
|              |               |                | <input type="checkbox"/> Add               |
|              |               |                | <input type="checkbox"/> Remove            |
|              |               |                | <input type="checkbox"/> Change            |
|              |               |                | <input type="checkbox"/> Add               |
|              |               |                | <input type="checkbox"/> Remove            |
|              |               |                | <input type="checkbox"/> Change            |
|              |               |                | <input type="checkbox"/> Add               |
|              |               |                | <input type="checkbox"/> Remove            |
|              |               |                | <input type="checkbox"/> Change            |

17 AUG 28 AM 7:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
17 AUG 28 AM 7:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 25, 2017

Signature of a member or authorized representative of a member

Richard Millan  
Typed or printed name of signee