

Division of Corporations

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# L15600073535

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**To:**

Division of Corporations  
Fax Number : (850)617-6383

**From:**

Account Name : CORPORATE CREATIONS INTERNATIONAL, INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FILED**  
 2015 MAR 24 PM 3:02  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

15 MAR 24 AM 10:00

BUREAU OF COMMERCIAL INFORMATION SERVICES

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LAW OFFICE OF DAN RIPLEY PLLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

MAR 25 2015  
 J. BRUCE

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**LAW OFFICE OF DAN RIPLEY PLLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/23/2015 and assigned Florida document number L15000050265.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

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

6822 22ND AVE N, #355

ST PETERSBURG, FL 33710

Enter new mailing address, if applicable:

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

6822 22ND AVE N, #355

ST PETERSBURG, FL 33710

**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

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**

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 PALM BEACH  
 FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	RIPLEY, DAN	6822 22ND AVE N - # 355	<input type="checkbox"/> Add
		ST PETERSBURG, FL 33702	<input checked="" type="checkbox"/> Remove
MGR	RIPLEY, DAN	6822 22ND AVE N, #355	<input checked="" type="checkbox"/> Add
		ST PETERSBURG, FL 33710	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 ALABAMA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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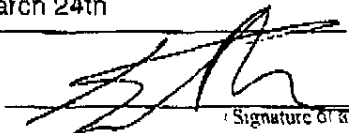
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 24th, 2015



Signature of a member or authorized representative of a member

Kathleen A. Lange, Attorney-in-Fact

Typed or printed name of signer

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