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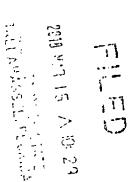
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COVER LETTER

TO: Registration S Division of Co	ection rporations	*	
Ripley WissuBJECT:	isenhunt, PLLC		
300JEC1			
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Craig A. Whisenhunt, Esq	Į.	
	11-	Name of Person	
	Ripley Whisenhunt, PLLC	;	
		Firm/Company	
		Address	
	Pinellas Park, FL 33781		
	craig@rwrlawfirm.com	City/State and Zip Code	tion)
	E-mail address:	(to be used for future annual report notifica	tion)
For further information of	concerning this matter, please of	all;	Tr.
Craig A. Whisenhunt, E	sq	727 256-1660 at ()	ation)
Name o	of Person		elephone Number
Enclosed is a check for t	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ripley Whisenhunt, 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 9/8/15 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: Ripley, Whisenhunt & Robinson, PLLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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>	Address	Type of Action
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			□ Remove
			Change
			Add
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ective date, if other than the date of a effective date is listed, the date must be specter. If the date inserted in this block does	s not meet the applicable	ate of filing or more than 90 days statutory filing requirement	(optional) ys after filing.) Pur its, this date will	suant to 605.03 not be listed
cument's effective date on the Department	nt of State's records.			
record specifies a delayed effect The 90th day after the record is i		n effective time, at 12	::01 a.m. on t	he earlier
ted March 12	2018			
	<u> </u>			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00