15000093603

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SECRETARY OF STATE
TAY LAHASSEE FLORIOR

COVER LETTER

	Registration Se Division of Cor			
SUBJEC	Cole Rippe	Productions		
SOBJEC	·	Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Cole Rippe		
			Name of Person	
		Rippe LLC		
			Firm/Company	
		131 SE 3rd Ave		
			Address	
		Boynton Beach, FL 33435		
			City/State and Zip Code	
		cole.rippe@me.com	to be used for future annual repor	t notification)
For furthe	r information c	oncerning this matter, please c	·	Thombattony
Cole Rippe			305 303897	8
	Name o	f Person	at () Area Code D	aytime Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 5 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Acilina Add			
Mailing Address: Registration Section			Street Address: Registration Section	
Ι	Division of C	corporations	Division of	Corporations
F	P.O. Box 632	7 ·	The Centre	of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cole Rippe Productions		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
	were filed on 05/28/2015	and assigned
The Articles of Organization for this Limited Liability Company were filed on 1.15000093603		
• •		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	131 SE 3rd Ave	
	Boynton Beach, Florida	
	33435	
••		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	Tore of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	AR 8:1
	. Florida	09 810A
	City , Florida	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.

r removed from	our records:	nanage, enter the title, name, and	l address of each person being a
GR = Manage MBR = Author	zed Member		
	L		
<u>itle Na</u>	<u>ame</u>	<u>Address</u>	Type of Action
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		-	Change
			Add
		-	□Remove
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			□Add
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (optional)

(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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. March 4th 2024 Dated Signature of a member or authorized representative of a member Cole Rippe Typed or printed name of signee