## 115000117242

(Re	questor's Name)	
(Ad	dress)	
(A.I		
(Ad	dress)	
(Cit	ry/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name	e)
		,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration So Division of Cor		ve		
SUBJECT:	Lipmunk Sol	utions LLC		
	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Cal	Name of Person		
	,			
	Shipmon	k Solutions LL Firm/Company	C	
	4201 W	estgate Ave #	B16	
		Address		
	West Pal	n Beach FL  City/State and Zip Code  walter@gmail.  to be used for future annual report notifi	33409	
	Galen	walter@gmail.	con	
	E-mail address: (	to be used for future annual report notifi	ication)	
For further information of	oncerning this matter, please co	all:		
Galen	Walter	at (SG1) 367 8 Area Code Daytime	021	
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	-			: 1
\$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**

tions LLC
iny as it now appears on our records.) Liability Company)
were filed on 7/8/15 and assigned
ility company here:
lity Company," the designation "LLC" or the abbreviation "L.L.C."
4201 Westgate Ave #B10 West Palm Beach FL 33409
West fair Beach FE 3310
4201 Westgate Ave # B16 West Palm Beach FL 33409
ffice address on our records, enter the name of the e:
Enter Florida street address
, Florida
()
i

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>	Name	Address	Type of Action
AMBR	We Her , Tessica	4371 Northlake Blud	Add
		# 243	В Remove
		Palm Beach Gardens FL 334	/o □ Change
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			Remove
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<u>ote:</u> If	te date, if other that tive date is listed, the d f the date inserted in tt's effective date on	this block does not	t meet the applical	o date of filing or mon ble statutory filing r	(optional) than 90 days after filing equirements, this date	) Pursuant to 605.020 will not be listed a
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	ord specifies a de 90th day after th			an effective tin	ne, at 12:01 a.m.	on the earlier o
ated	9/27		17			
u <u></u>		al				·
		t		ized representative of		د ,

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00