

L1700000 7738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

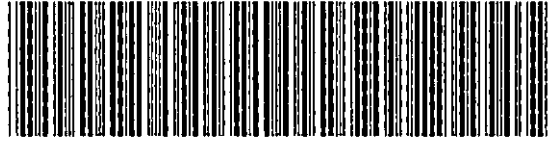
(Business Entity Name)

(Document Number)

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2019 FEB 21 AM 11:13  
FALLS CHURCH, VA

2/22/19



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 24, 2019

KIM PAUL  
PO BOX 2309  
SANTA ROSA BEACH, FL 32459

SUBJECT: TRIPSHOCK ENTERTAINMENT, LLC  
Ref. Number: L17000007738

We have received your document for TRIPSHOCK ENTERTAINMENT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 919A00001764

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TRIPSHOCK ENTERTAINMENT, 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:

SANDRA L. DOVE-MCLAIN  
Name of Person

TRIPSHOCK ENTERTAINMENT, LLC  
Firm/Company

4010 COMMONS DRIVE W. SUITE 110  
Address

DESTIN, FLORIDA 32541  
City/State and Zip Code

SANDRA@TRIPSHOCK.COM  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

SANDRA L. DOVE-MCLAIN at (850) 424-5125 X1008  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**\* PRE-PAID - PLEASE SEE COVER LETTER.**

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

TRIPSHOCK ENTERTAINMENT, LLC

(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 JANUARY 10, 2017 and assigned Florida document number L170000607238.

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 contain 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)

4010 COMMONS DRIVE W.

SUITE 110

DESTIN, FLORIDA 32541

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4010 COMMONS DRIVE W.

SUITE 110

DESTIN, FLORIDA 32541

**B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:**

Name of New Registered Agent:

GREG FISHER

New Registered Office Address:

4010 COMMONS DRIVE W, SUITE 110

Enter Florida street address

DESTIN

City

Florida 32541

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

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>
AMBR	EMERALD MEMORIES, INC.	35 RED BAY COURT	<input type="checkbox"/> Add
		SANTA ROSA BEACH, FLORIDA	<input checked="" type="checkbox"/> Remove
		32459	
			<input type="checkbox"/> Change
AMBR	TSA HOLDINGS, INC.	251 LITTLE FALLS DRIVE	<input checked="" type="checkbox"/> Add
		WILMINGTON, DELAWARE	<input type="checkbox"/> Remove
		19808	
			<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

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**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.

Dated FEBRUARY 13, 2019

**Filing Fee: \$25.00**