## L17000232547

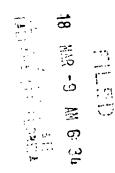
(Requestor's Name)  (Address)
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(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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J. LEGGETT 03/13/18



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 21, 2018

EVAN CHAIT 2626 FOOTHILL BLVD, SUITE 200 LA CRESCENTA, CA 91214 US

SUBJECT: RIBBON IN THE SKY, LLC

Ref. Number: L17000232547

We have received your document for RIBBON IN THE SKY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE NAME OF THE ENTITY DOES NOT CORRESPOND WITH THE DOCUMENT NUMBER.

Please return the corrected original and one copy of 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.

Judy A Leggett Regulatory Specialist II Registration Section

TOTAL AN IO. STATE OXISSION OF STATE OXISSION OF CORPORATE TALLAHASSEE. FLORE

Letter Number: 418A00003585

## **COVER LETTER**

TO:		istration Se ision of Cor							
CUDU	ECT.		N THE SKY LLC						
SUBJ	ECT:	Name of Limited Liability Company							
The en	nclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please	return	all correspo	ndence concerning this matter	to the following:					
			Evan Chait						
				Name of Person					
			Attorney at law						
			Firm/Company						
•			2626 Foothill Blvd., Suite	200					
				Address					
			La Crescenta, CA 91214						
			-	City/State and Zip Code					
			evan@csfcap.com						
			E-mail address: (	to be used for future annual report no	tification)				
For fu	rther ir	formation co	oncerning this matter, please ca	all:					
Evan	van Chait  at ()								
		Name of	l'Person	Area Code Daytii	me Telephone Number				
Enclos	sed is a	check for th	ne following amount:						
<b>≅</b> \$2	25.00 F	iling 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

RIBBON IN THE SKY LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	<u>-</u>
The Articles of Organization for this Limited Liability Company Florida document number $\frac{\text{L}17000232547}{\text{L}}$ .	y were filed on 3/29/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
I.S.S.A. PATHRUN LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		er.
(Principal office address MUST BE A STREET ADDRESS)		
		نيا ف نير
Enter new mailing address, if applicable:		तं ु क
(Mailing address MAY BE A POST OFFICE BOX)		မှု မှု
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	ida
	City	Zin 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 Address **Type of Action Title** Name □ Add \_□ Remove \_ Change □ Add ☐ Remove \_□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove \_\_ Change □ Add ☐ Remove ☐ Change □ Add \_□ Remove

☐ Change

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fective date, if other than than effective date is listed, the date is	ust be specific an	nd cannot be pric	or to date of fi	ling or more the	(opti in 90 days after	r filing.) Pu	ursuant t	o 605.0
ote: If the date inserted in this ocument's effective date on the				ory filing requ	irements, thi	s date wil	ll not b	e listed
e record specifies a delay The 90th day after the re			ot an effe	ctive time,	at 12:01	a.m. on	the e	arlier
March 2		2018						
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00