119000025238

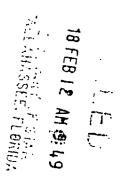
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cir	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
		·





400308923564

02/12/18--01026--021 *+25.00



FEB 1 3 2018 Y SULKER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ripple IX 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:
Jorge Ramirez
Ripple IX LLC Firm/Company
11800 SW 18 St, Apt. 429
Miam: F1 33175 City/State and Zip Code Ripple IX @ grail. con E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jorge Ravicez at (786) 319-7849 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S60.00 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

Ripple	IX LLC	
(<u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	Company were filed on <u>Socoo</u>	-4 29, 2018 and assigned
Florida document number <u>L 180000 25</u>	73 8	•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		78
want in the second seco		
		SS: No. 1
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		
		84. 4. 9
Name of New Registered Agent:		<u></u>
New Registered Office Address:	P Pl	A. Harris
	Enter Florida stree	
	City	, Florida Zip Code
Non-Double and America Cimmeron 16 december 10 states	- 1 A	Top Same

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
AMBR	Jorge Ramirez	11800 SW 18 St	 53. Add
		Apt. 429	Remove
		11800 SW 18 St Apt. 429 Miani, Fl 33175	Change
			□ Remove
			Change
			Remove
			Remove Remove Clarge Clarge Service Condition Con
			Change
		.	🗆 Add
			Remove
			□ Change
			Remove
			Change

										_
•	· · · · — — — — — — — — — — — — — — — —									-
										-
										_
										_
_			•							-
		<u> </u>						.	<u>. </u>	-
										_
										-
_										-
_										_
			-							-
						- .		<u>:</u>		-
_							 	3	- 17 - 17	-
								S	8	
							•	[7] :	32-2	- -
_								<u>デッ・</u>	_ 	
								200 000	स्ता (री	· . ,
f an effe <u>Note:</u> J	ve date, if other the ective date is listed, the of If the date inserted in ent's effective date of	late must be speci this block does	fic and can not meet	the applic	able statuto		an 90 days after			
	ord specifies a de 90th day after th	ne record is f	iled.			tive time	, at 12:01 i	a.m. on tl	ne earli	er of
Dated _	Februar	38		2018 Z V	· ·					
			Sur	7 7	300					
		Signarar	e of a mem	ber or auth	orized represe	entative of a r	nember			

Page 3 of 3

Filing Fee: \$25.00