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## **COVER LETTER**

SUBJECT:	JANICE AND PAUL R.I.P., LLC
SUBJECT	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:
	TRINA A SHANDROWSKI
	Name of Person
	INTEGRITY TITLE & DOCUMENT SERVICES, LLC
	Firm/Company
	1215 MIRAMAR STREET
	Address
	CAPE CORAL, FL 33904
	City/State and Zip Code
	TRINA.ITDS@GMAIL.COM
	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
TRINA A SI	IANDROWSKI 239 542-8899 at (
	Name of Person at (
Enclosed is a	check for the following amount:
□ \$25.00 F	iling Fee \$\Bigsquare \$\\$30.00 \text{ Filing Fee & Certificate of Status }\Bigsquare \$\\$55.00 \text{ Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\Bigsquare \$\\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}\Bigsquare \$\\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}\Bigsquare \$\\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}\Bigsquare \$\\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}\Bigsquare \$\\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}\Bigsquare \$\\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}\Bigsquare \$\\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}\Bigsquare \$\\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}\Bigsquare \$\\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}\Bigsquare \$\\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}\Bigsquare \$\\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}\Bigsquare \$\\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}\Bigsquare \$\\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}\Bigsquare \$\\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}\Bigsquare \$\\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}\Bigsquare \$\\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}\Bigsquare \$\\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}\Bigsquare \$\\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}\Bigsquare \$\\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}\Bigsquare \$\\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}\Bigsquare \$\\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}\Bigsquare \$\\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}\Bigsquare \$\\$6

MAILING ADDRESS:

Registration Section

**Division of Corporations** 

TO:

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**

JANICE AND PAUL R.I.P., LLC			
(Name of the Lim	ited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)	
The Articles of Organization for this Limited Liability Company were filed on AUGUST 3, 2018  Florida document number L18000186737		and assigned	
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability compa	any here:	
The new name must be distinguishable and contain the	words "Limited Liability Company	;" the designation "LLC" or the	=
Enter new principal offices address, if appli	cable:	<del>-</del> -	VISIO NISIO
(Principal office address MUST BE A STRE	ET ADDRESS)		
			0 0
			<b>PA</b> # 250
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE	<u> </u>		<u>F</u>
B. If amending the registered agent and registered agent and/or the new registered of		ess on our records, <u>ente</u>	r the name of the r
Name of New Registered Agent:			
New Registered Office Address:	7060 LIVE OAK DRIVE		
	E	uer Florida street address	
	NAPLES	Florida <sup>3</sup>	34114
	City		Zip Code

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

It's rending 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
MGR	TRINA A SHANDROWSKI		∩ Add
			Remove
			Change
MGR/AN	DEBRA C. WEISSMAN	7060 LIVE OAK DRIVE	<b>=</b> Add
		NAPLES, FL 34114	Remove
			☐ Change
		<del></del>	Remove
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n effective date i	f other than the listed, the date musi inserted in this big tive date on the De	date of filing: _ t be specific and care ook does not meet	8/03/2018 not be prior to date of the applicable state 's records.	filing or more then itory filing requir	(optional) 90 days after filing.) ements, this date v	Pursuant to 603.	0207 / d aa i
record spec The 90th da	ifies a delayed y after the reco	effective date ord is filed.	, but not an eff	ective time, a	t 12:01 a.m. o	n the earlle	r of:
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Filing Fee: \$25.00