

L19 0000 753 43

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

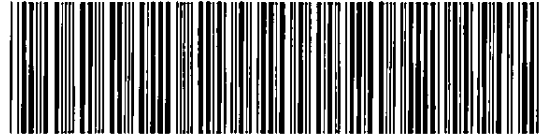
(Document Number)

Certified Copies _____

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05/21/24 --01023--029 **\$0.00

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RIPCO FLORIDA 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:

TODD COOPER

Name of Person

RIPCO FLORIDA LLC

Firm/Company

1000 Woodbury Road, Suite 100

Address

Woodbury, NY 11797

City/State and Zip Code

TCCOOPER@RIPCONY.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TODD COOPER

516
at ()

816-5225

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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	PETER BERGNER	230 ROYAL PALM WAY	<input type="checkbox"/> Add
		PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANTHONY PAVLI	4211 WEST BOY SCOUT BLVD	<input checked="" type="checkbox"/> Add
		SUITE 690	<input type="checkbox"/> Remove
		TAMPA, FL 33607	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

_____, MAY 16, 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00