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(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
Out of all lands and all lands		- -1		
Special Instructions to Filing Officer:				
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Office Use Only



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COVER LETTER

Division of Co	porations						
RIPCO FL SUBJECT:	ORIDA LLC						
Name of Limited Liability Company							
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	TODD COOPER						
		Name of Person					
	RIPCO FLORIDA LLC						
		Firm/Company					
	1000 Woodbury Road, Sui	te 100					
		Address					
	Woodbury, NY 11797						
		City/State and Zip Code					
	TCOOPER@RIPCONY.CO						
	E-mail address: (i	to be used for future annual report notific	cation)				
For further information of	concerning this matter, please ca	all:					
TODD COOPER		516 816-5225 at ()					
Name of Person Area Code Daytime Telephone Number		Telephone Number					
Enclosed is a check for t	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

RIPCO FLORIDA LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 03/18/2019 and assigned
Florida document number L19000075343	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4211 WEST BOY SCOUT BLVD
Principal office address MUST BE A STREET ADDRESS)	SUITE 690
	TAMPA, FL 33607
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office:	address on our records, enter the name of the new regis
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

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	PETER BERGNER	230 ROYAL PALM WAY	□Add
		PALM BEACH, FL 33480	■Remove
			□Change
AMBR ANTHONY PAVLI	ANTHONY PAVLI	4211 WEST BOY SCOUT BLVD	Add
		SUITE 690	□Remove
		TAMPA, FL 33607	□ Change
			DAdd
			□Remove
			□Change
			🗆 Add
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			□Change
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			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) _ (optional) E. Effective date, if other than the date of filing: (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) 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. 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. Dated MAY 16 2024 Signature of a member or authorized representative of a member Todd Cooper

Filing Fee: \$25.00

Typed or printed name of signee