

L19000282 963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

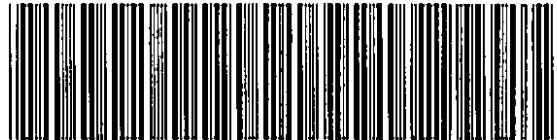
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2020 MAY 26 AM 6:35

FILED

JUN 13 2020

S. YOUNG

Elizabeth Rose Masibay
1625 Lakeshore Circle,
Weston, Florida, 33326

May 21, 2020

To Whom It May Concern,

I am requesting a change address of my Limited Liability Company titled TIPP LLC to 1625 Lakeshore Circle, Weston, Florida, 33326.

The check I sent for the filing fee is in the name of my spouse JULIETE MIRELLA MATOS ROSARIO DOS SANTOS.

For any concerns, you may contact me at the phone number: (407) 960 - 8238

Thank you.

Sincerely,


Elizabeth Rose Masibay

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: TIPP, 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:

ELIZABETH ROSE MASIBAY

Name of Person

TIPP, LLC.

Firm/Company

1625 LAKESHORE CIRCLE

Address

WESTON, FLORIDA 33326

City/State and Zip Code

tippllcmedia@gmail.com

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

For further information concerning this matter, please call:

ELIZABETH ROSE MASIBAY

407 960-8238

at (_____) _____

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

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

TIPP, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on NOVEMBER 13, 2019 and assigned
Florida document number L19000282963

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1625 LAKESHORE CIRCLE

WESTON, FLORIDA 33326

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1625 LAKESHORE CIRCLE

WESTON, FLORIDA 33326

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

1625 LAKESHORE CIRCLE

Enter Florida street address

WESTON

City

Florida 33326

Zip 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

[illegible]

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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.

Dated MAY 21 2020

Elizabeth Rose Masibay
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00