## LZO 000 154674

(Requestor's Name)  (Address)	900
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL	
(Business Entity Name)  (Document Number)	12/
Certified Copies Certificates of Status  Special Instructions to Filing Officer:	S TALLEN
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
~	RiiP Gamir			
SUBJE	CT:		ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Travis Taylor		
			Name of Person	
		RiiP Gaming LLC		
			Firm/Company	<del> </del>
		PO BOX 3881		
			Address	
		holiday florida 34692		
		travis@riipgaming.com	City/State and Zip Code	
		<del>-</del>	to be used for future annual report notif	fication)
For furt	her information c	oncerning this matter, please ca	all:	
TRAVI	S TAYLOR		727 6375758 at ()	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclose	d is a check for th	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**

RIIP GAMING LLC		
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 06/05/2020	and assigned
lorida document number L20000154674		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
RiiP LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6715 congress street unit 204	
Principal office address MUST BE A STREET ADDRESS)	New Port Richey FL 34653	,-J
		)78 L
		2)178 WEC
Enter new mailing address, if applicable:	PO BOX 3881	70
Mailing address MAY BE A POST OFFICE BOX)	Holiday FL 34692	P .
		5.
		26
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	-
	, Florida	
	Cin:	Zin 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 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>	Name	Address	Type of Action
MGR	Sage Clavizzao	2544 ohio place	□Add
		Holiday FL 34691	Remove
			□Change
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			□Chu-an

Marcus J Taylor 34	1%				
Ikhlas Majid 33%		·	<del></del>		
Travis Taylor 33%	·		<del></del>		
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no other updates to	membership!!!!			<del></del> .	
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fective date, if other		12/05/2020			
n effective date is listed, th	e date must be specifi	c and cannot be prior	to date of filing or more	(optional) than 90 days after filing.)	Pursuant to 605.0207
ument's effective date	on the Department	of State's records	able statutory filing t	equirements, this date	will not be listed as
	1 00 1 1				
s filed.	d effective date, but	not an effective ti	me, at 12:01 a.m. on	the earlier of: (b) The	: 90th day after the
12/08/2020		11:38am			
ed		<u> </u>			
		بم مرمد	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

Typed or printed name of signee