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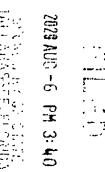
(Requestor's Name)
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COVER LETTER

TO: Registration S Division of Co			•	
RPB Fam	ily Enterprises, LLC	•		
Stringer 1.	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Leo J. Gibson			
		Name of Person		- -: 28
	Raj Peter Bhakta 2012 Irri	evocable Trust	•	170 AU
		Firm/Company		10 do -6
	1222 Arella Blvd.			2020 AUG -6 PH 3: 40
		Address		
	Ann Arbor, Michigan 481	03		5.45
	leoj.gibson2.0@gmail.com	City/State and Zip Code		- 37
		to be used for future annual report no	otitication)	
For further information of	concerning this matter, please c	all:		
Leo Gibson		802 417-6616		
Name o	of Person	at () Area Code Dayti	ime 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)	Certified	te of Status &
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration S Division of Co	orporations	
r.O. box 652	. 1	The Centre of	LaHahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

mpany as it now appears or ited Liability Company) any were filed on July 7.	
any were filed on July 7	
	. 2020 and assigned
liability company here:	
iability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
N/A	
5)	
	3
N/A	71.7
ice address on our reco	rds, <u>enter the name of the new registe</u>
Enter Florida	street address
Florida	
Ciţy	Zip Code
ent:	
	N/A N/A N/A Enter Florida

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
			□Add
			□Remove
			□Change
	******		DAdd
			Remove
			Change
			□ Add □ Remove □ Change □ Add □ Change
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fective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to da ote: If the date inserted in this block does not meet the applicable	
cument's effective date on the Department of State's records.	• •
ecord specifies a delayed effective date, but not an effective time, a is filed.	at 12:01 a.m. on the earlier of: (b) The 90th day after
red Avgust 4 2020	
icu	
	
	representative of a member

Filing Fee: \$25.00