

L20 000387498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

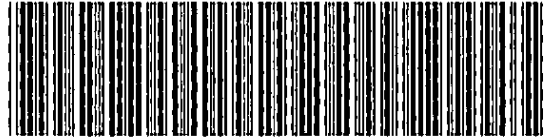
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800356801338

01/04/21--01021--029 **30.00

FILED
2021 JAN-4 PM 1:23

2/10/21
SP

TripSavor, LLC
Molly Ridley
2828 Coconut Avenue
Miami, FL 33133

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern,

This request to amend the filing record for TripSavor, LLC (L20000387498, 12/11/2020) is required for two updates:

- **Title of Authorized Person(s)** - This is required in order to set up a bank account with Chase Bank as current title "CEO" is not accepted.
 - *Expected Amendment: MGR*
- **Effective Date** - This is required since I am forming the LLC between October 1 and December 31st, but don't expect to transact business until the next calendar year, to avoid filing an annual report form for the upcoming calendar year.
 - *Expected Amendment: 1/1/2021*

Please find the completed form to amend the Articles of Organization of a Florida Limited Liability Company and the check for the \$25.00 filing fee enclosed.

If there are any issues with this request, please contact Molly Ridley at (314)775-7040.

Best Regards,



Molly Ridley
TripSavor, LLC

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRIPSAVOR, 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:

Molly Ridley

Name of Person

TRIPSAVOR, LLC

Firm/Company

2825 COCONUT AVENUE

Address

MIAMI, FL 33133

City/State and Zip Code

MOLLY.SINKS@GMAIL.COM

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

For further information concerning this matter, please call:

OLLY RIDLEY

314

775-7040

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$5.00 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

FILED
2021 JAN -4 PM 1:23

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

TRIPSAVOR

(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 December 11, 2020 and assigned
Florida document number L20000387498.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street address

_____, Florida _____

City

Zip Code

Registered Agent's Signature, if changing Registered Agent:

I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is submitted 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

Adding 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>
MGR	Molly Ridley	2825 COCONUT AVENUE MIAMI, FL 33133	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2021
FEB - 4 PM
FILED
1523

2021 JAN -6 PM 1:23

FILED
2021 JAN -1 PM 1:23

(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.

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 DECEMBER 23 2020

Signature of a member or a

Signature of a member or authorized representative of a member

Molly Ridley

Typed or printed name of signee