

L21000167999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



(Business Entity Name)

(Document Number)

Certified Copies _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RIPHA HOMES SERVICES, 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:

PHAEDRA TOUT PUISSANT

Name of Person

Firm/Company

4158 SW DARIENT ST

Address

PORT SAINT LUCIE, FLORIDA 34953

City/State and Zip Code

RIPHASALES2020@GMAIL.COM

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

For further information concerning this matter, please call:

PHAEDRA TOUP PUISSANT

786

2847210

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**

RIPHA HOMES SERVICES, 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 APRIL 12, 2021 and assigned Florida document number L21000167999.

This amendment is submitted to amend the following:

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

RIPHA HOMES AND TRANSPORTATION SERVICES, LLC

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)

4158 SW DARIEN ST

PORT SAINT LUCIE, FLORIDA 34953

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street address

Florida

City

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

MGR = Manager

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ONLY NAME RECTIFICATION

RIPHA HOMES AND TRANSPORTATION SERVICES, LLC

RECEIVED
MAR 13 PM 11:34
CLERK OF SUPERIOR COURT
STATE OF NEW YORK

E. Effective date, if other than the date of filing: _____ **(optional)**

(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 03/10/2023

Signature of a member or authorized representative of a member

PHAEDRA TOUT PUISSANT

Typed or printed name of signee

5/30/23

NOTES DETAIL SCREEN

9:26 AM

✓CORP NUMBER: L21000167999 CORP NAME: RIPA HOMES SERVICES, LLC*****

PLEASE DO NOT FILE THE MAILED IN AMENDMENT PER PATLIVE, SEND IT BACK N
EEDS TO MAKE CORRECTIONS 3/10/2023 CG.

Callon 5-30 - 2023
He Stated that he want it filed today
~~on 5-30-2023~~

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. MGR/MEM, 5. TOP

ENTER SELECTION AND CR: