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(F	Requestor's Name)	
	Address)	
	Address)	
(6	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(8	Business Entity Name)	
(i	Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions t	to Filing Officer:	

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O SIMMONS SEP 2 1 2021

COVER LETTER

TO: Registration So Division of Con			
Lippi Enter SUBJECT:	rprise LLC		
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Christopher J Lippi		
		Name of Person	
		Firm/Company	
		Address	
		City/State and Zip Code	
For further information c	E-mail address: (to be used for future annual report noti	fication)
Christopher J Lippi		215 758-7585 at ()	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		<u>Street Address:</u> Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	-
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lippi Enterprse LLC	#21 SE.1 13 AN 7: 23
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)
he Articles of Organization for this Limited Liabilit	
lorida document number 1.21000199691	
his amendment is submitted to amend the following	P.' 5'
. If amending name, enter the new name of the l	limited liability company here:
he new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET AD	ODRESS)
nter new mailing address, if applicable:	
<u> Mailing address MAY BE A POST OFFICE BOX)</u>	<u> </u>
 If amending the registered agent and/or registe gent and/or the new registered office address her 	ered office address on our records, <u>enter the name of the new regist</u>
gent and/or the new registered office address her	<u>e</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
_	, Florida

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>	<u>Name</u>	Address (MR) CITA 12 TV 7 CO	Type of Action
AMBR	Christopher J Lippi	2621 SE. 13 AH 7: 23	≣ Add
		АРТ 21	
		BOCA RATON, FL 33486	□ Change
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-	
ective date, if other than the date of effective date is listed, the date must be spec e: If the date inserted in this block does ument's effective date on the Departme	ific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 s not meet the applicable statutory filing requirements, this date will not be listed
cord specifies a delayed effective date, b s filed.	out not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after t
August 31st	2021
100	

Typed or printed name of signee