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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The ripple continues 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:
Montana M. Smith Name of Person
The Ripple Continues LLC
223 Francis Parkman PL
Daytona Beach Fl. 32114 City/State and Zip Code Theripple Confinues @ Gmail: COM E-mail address: (to be used for future annual report notification)
Theripple Confinues @ Gmail: COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Montana M. Smith at 407 486-026/ Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate 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

The Ripple Co	ontinues LLC.
(Name of the Limited Lability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>210005149</u> .79	were filed on $\frac{12/06/2}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	M/A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address Florida
	City Tip Code
New Registered Agent's Signature, if changing Registered Agent:	OF S
I hereby accept the appointment as registered agent and agreer or oversions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
P	Montana M Smith	223 Francis Parkman PL. Daytona Beach FL. 32/14	🎘 Add
and Owner		Daytona Beach FL. 32/14	□Remove
			□Change
			□Add
		·	□Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			ClChange
		·····	□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

_	Opened LLC on 12/6/21, Want
_	To open bank account and they
ت-	Said LLC needs to be Amended,
_	Please List Montana M Smith
<u> </u>	as owner and president.
_ _	Thank you
_ _	
_	
f an effect Note: I docume	ve date, if other than the date of filing:
Dated _	12-17-21
	Signature of a member or authorized representative of a member
	Montes a Smith

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