

L220000088879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

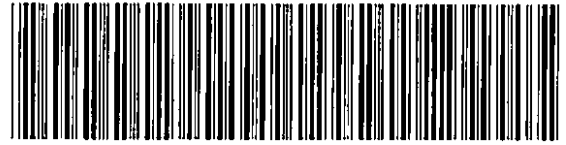
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/01/23--01013--013 \*\*60.00

2023 SEP -1 AM 7:06

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## COVER LETTER

TO: Registration Section  
Division of Corporations

PIPE DREAM, LLC  
SUBJECT:

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:

JENNIFER H. COPUS, ESQ.

Name of Person

COPUS & COPUS, P.A.

Firm/Company

25 WALTER MARTIN ROAD NE, SUITE 200

Address

FORT WALTON BEACH, FLORIDA 32548

City/State and Zip Code

JENNIFER@COPUSLAW.COM

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

For further information concerning this matter, please call:

JENNIFER H. COPUS, ESQ.

850 609-1433  
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

2023 SEP -1 AM 7:06

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**If Changing Registered Agent, Signature of New Registered Agent**

1  
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>              | <u>Address</u>                      | <u>Type of Action</u>                      |
|--------------|--------------------------|-------------------------------------|--|
| MGR          | FIRST THERE, LLC         | 4097 BURNING TREE DRIVE             | <input type="checkbox"/> Add               |
|              |                          | DESTIN, FL 32541                    | <input checked="" type="checkbox"/> Remove |
|              |                          |                                     | <input type="checkbox"/> Change            |
| MGR          | BUG & BEAN TRUST, LLC    | 132 MONAHAN DRIVE                   | <input type="checkbox"/> Add               |
|              |                          | FORT WALTON BEACH, FL 32547         | <input checked="" type="checkbox"/> Remove |
|              |                          |                                     | <input type="checkbox"/> Change            |
| MGR          | TRIFECTA CONSULTING, LLC | POST OFFICE BOX 54                  | <input type="checkbox"/> Add               |
|              |                          | FORT WALTON BEACH, FL 32549         | <input checked="" type="checkbox"/> Remove |
|              |                          |                                     | <input type="checkbox"/> Change            |
| MGR          | LATITUDE CHANGES, LLC    | 25 WALTER MARTIN RD., NE, SUITE 200 | <input type="checkbox"/> Add               |
|              |                          | FORT WALTON BEACH, FL 32548         | <input checked="" type="checkbox"/> Remove |
|              |                          |                                     | <input type="checkbox"/> Change            |
| MGR          | RYAN M. STANHOPE         | 4097 BURNING TREE DRIVE             | <input checked="" type="checkbox"/> Add    |
|              |                          | DESTIN, FLORIDA 32541               | <input type="checkbox"/> Remove            |
|              |                          |                                     | <input type="checkbox"/> Change            |
| MGR          | ANGELA PASSEHL           | 128 MILL POND COVE                  | <input checked="" type="checkbox"/> Add    |
|              |                          | CRESTVIEW, FLORIDA 32536            | <input type="checkbox"/> Remove            |
|              |                          |                                     | <input type="checkbox"/> Change            |

[illegible]

(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)

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.

Signature of a member or authorized representative

Typed or printed name of signee

**Filing Fee: \$25.00**