

L22 0000207268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

0524  
must reflect on form as shown in record

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05/16/22--01016--025 \*\*25.00

2022 AUG -1 PM 4:19

FILED

amend

AUG 23 2022

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PANAMA 75, 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:

BLAKE OBER

\_\_\_\_\_  
Name of Person

COX & COMPANY

\_\_\_\_\_  
Firm/Company

1005 W. INDIANTOWN RD, #202

\_\_\_\_\_  
Address

JUPITER, FL 33458

\_\_\_\_\_  
City/State and Zip Code

BLAKE@COXANDCOMPANYLAW.COM

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

For further information concerning this matter, please call:

BLAKE OBER

561 747-8266  
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

2022 AUG -1 PM 4:19



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 AUG -1 AM 11:59

SEAL OF THE  
TALLAHASSEE, FL

July 15, 2022

BLAKE OBER  
1005 W. INDIANTOWN ROAD  
JUPITER, FL 33458

SUBJECT: PANAMA 75, LLC  
Ref. Number: L22000207268

We have received your document for PANAMA 75, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If amending an authorized person(s) to manage from our record, the TITLE , name, and address must reflect on the amendment form as it now appears in our records for them to be removed from the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews  
OPS

Letter Number: 922A00015849

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

PANAMA 75, 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 05/02/2022 and assigned  
Florida document number L22000207268.

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)**

**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

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>                      |
|--------------|--|--------------------|--|
| AMBR         | CHRIS LAFACE   | 1409 TECH BLVD, #1 | <input type="checkbox"/> Add               |
|              |  | TAMPA, FL 33619    | <input checked="" type="checkbox"/> Remove |
|              |  |                    | <input type="checkbox"/> Change            |
| AMBR         | FRANK RIPA   | 1409 TECH BLVD, #1 | <input type="checkbox"/> Add               |
|              |  | TAMPA, FL 33619    | <input checked="" type="checkbox"/> Remove |
|              |  |                    | <input type="checkbox"/> Change            |
| AMBR         | Third Restated and Amended Frank Paul Ripa Revocable Trust, dated March 12, 2014 | 1409 TECH BLVD, #1 | <input checked="" type="checkbox"/> Add    |
|              |  | TAMPA, FL 33619    | <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            |

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

[illegible]

E. Effective date, if other than the date of filing: 05/02/2022 (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 JULY 26 2022

Signature of a member

JEFFREY W. COX

~~JEFFREY W. COX~~

Typed or printed name of signee

**Filing Fee: \$25.00**