

L23000113924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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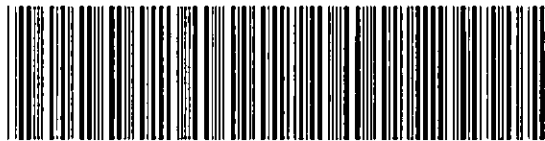
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Drip Unlimited 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:

Jessica Martin
Name of Person

Drip Unlimited LLC
Firm/Company

3003 Saint John Dr
Address

Clearwater, FL 33759
City/State and Zip Code

jmartin@dripunlimited.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Martin at (901) 240-9790
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)

\$52.50 paid
9/11/24

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

\$ 7.50 additional
enclosed

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TALLAHASSEE, FL

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Drip Unlimited 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 3/3/23 and assigned
Florida document number L23000113924

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: _____

April Schever

New Registered Office Address: _____

624 Wells Ct. #402

Enter Florida street address

Clearwater

City

Florida

33756

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.

April Schever

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FL

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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	Martin, Michael	912 Drew St	<input type="checkbox"/> Add
		Suite 202 #1022	<input type="checkbox"/> Remove
		Clearwater, FL 33755	<input checked="" type="checkbox"/> Change
AMBR	Morris, Christina	912 Drew St	<input type="checkbox"/> Add
		Suite 202 #1022	<input checked="" type="checkbox"/> Remove
		Clearwater, FL 33755	<input type="checkbox"/> Change
AMBR	LaBella, Joseph	912 Drew St	<input checked="" type="checkbox"/> Add
		Suite 202 #1022	<input type="checkbox"/> Remove
		Clearwater, FL 33755	<input type="checkbox"/> Change
AMBR	Catandella, Zachary	912 Drew St	<input checked="" type="checkbox"/> Add
		Suite 202 #1022	<input type="checkbox"/> Remove
		Clearwater, FL 33755	<input type="checkbox"/> Change
AMBR	Martin, Jessica	912 Drew St	<input type="checkbox"/> Add
		Suite 202 #1022	<input type="checkbox"/> Remove
		Clearwater, FL 33755	<input checked="" type="checkbox"/> Change

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TALLAHASSEE, FL

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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.

Dated October 4, 2024

Jessica Martin
Typed or printed name of signee

STATE OF FLORIDA
TALLAHASSEE, FL

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Filing Fee: \$25.00