## 123000123015

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R. HUNT 03/25/23

## **COVER LETTER**

TO: Registration Se Division of Cor				
DRIP 05 L1	LC			
SUBJECT:	Name of Lim	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:		
	JESUS MIRANDA			
		Name of Person		
	DRIP 05 LLC			2
	·····	Firm/Company	·	23.5
	3391 SE 1ST CT		, م برر آباد	62 desail
		Address		<del></del>
	HOMESTEAD , FL 33033	3	- SIA 	PH 3: 27
	DRIPO5@ICLOUD.COM	City/State and Zip Code	r'AE	27
	E-mail address: (	to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please c	all:		
		at ()		
Name o	f Person	Area Code Daytim	e Telephone Number	-
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	El \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fe Certificate of S Certified Copy (additional copy is	tatus &
Mailing Addres		Street Address:	ction	
Registration Section Division of Corporations		Registration Sec Division of Cor		
P.O. Box 6327		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

DRIP 05		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our record ited Liability Company)	<u>ls.</u> )
The Articles of Organization for this Limited Liability Complorida document number 1.23000125015	oany were filed on 03/10/2023	and assigned
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	liability company here:	
ORIP OS LLC		
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		53 25
Principal office address MUST BE A STREET ADDRESS	5)	
		:6
		- 1 6 E
Inter new mailing address, if applicable:		A P IM
Mailing address MAY BE A POST OFFICE BOX)	,	3: D
Mulling dualess SIAT BE A FOST OFFICE BOA		N
<ol> <li>If amending the registered agent and/or registered off gent and/or the new registered office address here:</li> </ol>	ice address on our records, <u>enter</u>	the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	·······	
	Enter Florida street addres	(8)
	, FI	orida Zip Code
<del></del>	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	Membe		

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ctive date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to ce.  If the date inserted in this block does not meet the applicable	date of filing or more to e scoutory filing rec	nan 90 days after nuirements, this	tiling.) Pu date wil	irsuant to 605.0 Il not be liste
ument's effective date on the Department of State's records.	······································			
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cord specifies a delayed effective date, but not an effective time filed.	i, at 12:01 a,in. on th	e earlier of: (b	) 1 he 9	0th day after
ed MARCH 21 2023				
7. [ ]				
Signature of a member or authoriz	ed representative of a	member		

Filing Fee: \$25.00