

L23000489565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

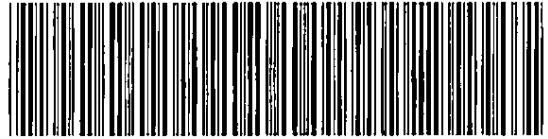
(Document Number)

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24 JAN 30 PM 12:20  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ponte Vedra Prime 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:

William Eipper

Name of Person

Firm/Company

248 North Wind Ct.

Address

Ponte Vedra Bch, FL 32082

City/State and Zip Code

Willeipper@gmail.com

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

For further information concerning this matter, please call:

Lindsey Eipper

Name of Person

at (770)

Area Code

658-8472

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

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

Ponte Vedra Prime LLC

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

24 JAN 30 PM 12:20  
FILED  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/26/2023 and assigned Florida document number L23000489565.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Eipper Trading And Provisions, LLC

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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(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:

William Eipper IV

New Registered Office Address:

248 North Wind Ct

Enter Florida street address

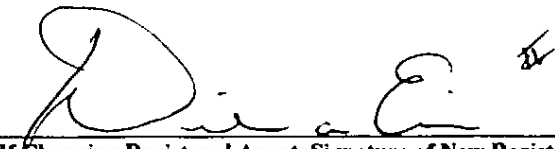
Ponte Vedra Bch, Florida 32082

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>
<u>MGR</u>	<u>William Eipper</u>	<u>248 North Wind Ct</u>	<input checked="" type="checkbox"/> Add
		<u>Ponte Vedra Bch, FL</u>	<input type="checkbox"/> Remove
		<u>32082</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Lindsey Eipper</u>	<u>248 North Wind Ct</u>	<input type="checkbox"/> Add
		<u>Ponte Vedra Bch, FL</u>	<input type="checkbox"/> Remove
		<u>32082</u>	<input checked="" type="checkbox"/> Change
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Remove
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Change
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Remove
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Change
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Remove
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Change
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Remove
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<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: 1/25/2024 (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 1/26/24, \_\_\_\_\_

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

William A. Eipper

Typed or printed name of signee