## 624000260368

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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

	Real Estate		
SUBJECT:	Name of Lim	ited Liability Company	-
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ariel Tipon		
		Name of Person  Firm/Company  Address  City/State and Zip Code  M  : (to be used for future annual report notification)  : call:  at (	
	Real Estate Services		© S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<del></del> -	Firm/Company	<del></del>
	4905 NW 59TH ST		
		Address	_
	TAMARAC, FL, 33319		
	4 ITION COMMIT COM	City/State and Zip Code	_
	AJTIPON@GMAIL.COM	to be used for future annual report notification)	-
For further information c	oncerning this matter, please c	•	
Ariel Tipon			
Name o	f Person		эет
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certific	cate of Status & ed Copy
Mailing Addres	<del>-</del>		
Registration S Division of C		Registration Section Division of Corporations	
P.O. Box 632		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



August 27, 2024

vectored on 10 0 24)
ARIEL TIPON
REAL ESTATE SERVICES
4905 NW 59TH ST
TAMARAC, FL 33319

SUBJECT: ARIEL TIPON REAL ESTATE, LLC

Ref. Number: L24000260368

We have received your document for ARIEL TIPON REAL ESTATE, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6000.

RUSSELL L HUNT Regulatory Specialist III

F. E C T T T E ...

Letter Number: 624A00019144

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 OCT 10 PM 2: 02

Ariel Tipon Real Estate, LLC

(Name of the Limited Liability Company as it now appears on our records) LAHASSEE, FLORIDA

	(A Florida Ellined Claoliny Company)	WIOSEL FLUKIDA
_	Liability Company were filed on 06/07/2024	and assigned
Florida document number L24000260368	<del></del> ·	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
TIPON GLOBAL SERVICES, LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE	EET ADDRESS)	
Enter new mailing address, if applicable:		·
Mailing address MAY BE A POST OFFICE	E BOX)	
	<del></del>	
B. If amending the registered agent and/or	registered office address on our records, enter	the name of the new register
igent and/or the new registered office addr	ress here:	
Name of New Registered Agent:		······································
New Registered Office Address:		
. 10 Megistorea Simo Assaress.	Enter Florida street addre	ss
	Fi	lorida

## 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 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>	Address	Type of Action
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			Remove
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Effective date, if other th	date must be specific and car	nnot be prior to date of	f filing or more than 9	(optional	g.) Pursuani	10 605.020
Note: If the date inserted in document's effective date of	this block does not mee in the Department of Stat	t the applicable sta e's records.	tutory filing require	ments, this dat	e will not	be listed as
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Filing Fee: \$25.00