

L24000361802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

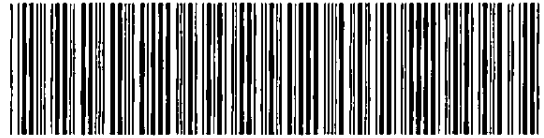
(Document Number)

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700438114327

2004-03-11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hailey Ripa Hospitality 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:

Hailey Ripa
Name of Person

TheprivatepourFL
Firm/Company

950 Javers Cir. Apt. 211 Delray
Beach, FL, 33444
Address

City/State and Zip Code

~~00000~~ TheprivatepourFL@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hailey Ripa at (561) 223-5215
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

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

Hailey Ripa Hospitality 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 AUG 19, 2024 and assigned Florida document number L 24000361802.

This amendment is submitted to amend the following:

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

The Private Pour FL 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:

(Principal office address MUST BE A STREET ADDRESS)

950 Iavers Cir Apt 211
Delray Beach, FL, 33444

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:

Hailey Ripa

New Registered Office Address:

950 Iavers Cir Apt 211

Enter Florida street address

Delray Beach

City

Florida

33444

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.

Hailey Ripa

If Changing Registered Agent, Signature of New Registered Agent

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(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)

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 OCT, 11, 2024.

Halley Riven
 a member or authorized representative of a member

Signature of a member or authorized representative of a member

Havey Ripa
Typed or printed name of

Typed or printed name of signee

Filing Fee: \$25.00