L190000 16519

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TO:

Registration Section

Division of Corporations					
	ITE EXPERTS, LLC				
SUBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	M. DAN CREIGHTON				
	Name of Person				
	RETAIL SITE EXPERTS. LLC				
	Firm/Company				
	900 SW PINE ISLAND ROAD, SUITE 202				
	Address				
	CAPE CORAL, FLORID	A 33991			
		City/State and Zip Code			
	DCREIGHTON@CREIG	HTONDEV.COM to be used for future annual report not	tification)		
For further information c	oncerning this matter, please c	·	,		
		239 210-0455			
M. DAN CREIGHTON		at ()			
Name o	f Person	Area Code Daytir	me Telephone Number		
Enclosed is a check for the	ne 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		Street Address: Registration Se			
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RETAIL SITE EXPERTS, LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears of ited Liability Company)	1 our records.)	
The Articles of Organization for this Limited Liability Comp Florida document number L19000016579	pany were filed on JANU	ARY 17, 2019 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
N/A			
The new name must be distinguishable and contain the words "Limited	Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	N/A	20	
(Principal office address MUST BE A STREET ADDRES:	<u> </u>		
		j O	
Enter new mailing address, if applicable:	N/A	10 0	
(Mailing address MAY BE A POST OFFICE BOX)			
(Maning unio ess MATT DE ATTOM OF THE DOWN		27	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	lice address on our reco		
	. Florida		
	City	Zip Cock	
New Registered Agent's Signature, if changing Registered Ag	<u>gent:</u>		
I hereby accept the appointment as registered agent end provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my as provided for in Cha	duties, and Lam familiar with and pter 605, F.S. Or, if this document is	

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>	Address	Type of Action
MGR	MICHELLE L DICICCO	3612 NW 1ST TERRACE	[]Add
		CAPE CORAL, FLORIDA 33993	■Remove
			□Change
			☐Remove ○ ○ ○ ○ ○ □ □Change
			DAdd To
			□Change
			□Add
			□Remove
			[]Change
			□Add
			□Remove
			Change
			□/\dd
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A E. Effective date, if other than the date of filing: _ (optional) (If an effective date is fisted, 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. 2020

Signature of a member or authorized representative of a member

Typed or printed name of signee

M. DAN CREIGHTON