747175

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SECRETARY OF STATE
TALLAMASSEE, FI

cf 2/1/2022

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	RITA APARTMEN	CTS (V. 18	 √C.	
DOCUMENT NUMBER:	747175			
The enclosed Articles of Amendment and	fee are submitted for filing.			
Please return all correspondence concernir	ng this matter to the following	g:		
	SHERYL A McPHAIL			
	(Name of Contac	t Person)		
	(Firm/ Comp	any)		
	6963 E. MONTANA PI.			
	(Address)		
	DENVER, CO 80224			
	(City/ State and 2	Cip Code)		
	MCPHAILSHERI@GMAI	L.COM		
E-mail address:	(to be used for future annual	report not	ification)
For further information concerning this ma	atter, please call:			
SHERYL MCPHAIL		at	303	594 - 6469
(Name of Con	itact Person)		Code)	(Daytime Telephone Number)
Enclosed is a check for the following amo	unt made payable to the Flori	da Departi	nent of S	State:
S35 Filing Fee \$43.75 Fili Certificate			Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section		Street Ad Amendme		on.
Division of Corporations	ş.	Division o		

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2022 JAN 19 AM 11: 32

RITA APARTMENTS IV.INC.

SECRETARY OF STATE

(Name of Corporation as currently filed with the Fl	orida Dept. of State)	TALLAMASSEE. F
747	175	
(Documen	Number of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida Not For Pro</i>	ofit Corporation adopts the following
A. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the word "company" or "Co." may not be used in the name.	orporation" or "incorporated" or	the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable		
(Principal office address <u>MUST BE A STREET ADI</u>	<u>ORESS</u>)	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
	~	
D. If amending the registered agent and/or register	rad affice address in Florida, ents	er the name of the
new registered agent and/or the new registered		A VIII HAME OF THE
Name of New Registered Agent:		
·	(Florida	street address)
New Registered Office Address:		
<u></u>		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		obligations of the position.
	•	
	Signature of New Registered	Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President: T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John I V Mike I SV Sally S	<u>Iones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	I,GT,GZ	HART,ALLA	195-33 39 AVENUE FLUSHING, NY 11358
X Remove 2) Change X Add	<u>P \$</u>	SHERY MCPHAIL	6963 E.MONTANA PL DENVER. CO 80224
Remove	Ď	JACKIE PAPO	4725 LUCERNE LAKES BLVD E #111 LAKE WORTH, FL 33467
4) × Change Add	<u>v T</u>	DOMENICO CAPORUSSO	6129 BAY ISLES DR BOYNTON BEACH FL 33437
Remove 5) Change Add			
Remove 6) Change Add	***************************************		
E. If amending or add		ticles, enter change(s) here: (Be specific)	

ffective date <u>if applicable</u> :	(no more than	90 days after ame	endment file date)	_	·
The date of each amendment(sate this document was signed.		 -			, if other than th
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		<u> </u>	.	-	

document's effective date on the Department of State's records.

Adoption of Amendment(s)

(<u>CHECK ONE</u>)



The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

	nembers or members entitled to vote on the amendment(s). The amendment(s) was/were board of directors.
Dated	01/13/2022
Signa	(By the chairman or sice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or
	other court appointed fiduciary by that fiduciary) DOMENICO CAPORUSSO
	(Typed or printed name of person signing)
	VICE PRESIDENT
	(Title of person signing)