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COVER LETTER

TO:	Registration Division of C		Ĺ			
SUBJE		den H. LLC				
SODJE	<u>.</u>	Name of Lin	nited Liability Company			
The enc	losed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please r	eturn all corres	spondence concerning this matter	to the following:			
		Eduardo M. Soto, Esq				
			Name of Person	 		
		Weiss Serota Helfman Co	le & Bierman			
			Firm/Company			
		2525 Ponce De Leon Blvd	l. Suite 700			
		Address				
		Coral Gables, Fl 33134				
			City/State and Zip Code			
		reviati3@hotmail.com				
		E-mail address: (to be used for future annual report notifi	cation)	: الأحسا	17) 71 41.7
For furtl	her information	n concerning this matter, please c	all:			
Eduarde	o M. Soto		305 854-0800 at ()		. ; . in	となる。
	Nam	e of Person	Area Code Daytime	Telephone Number	12 2	56558 4.0£.81
Enclose	d is a check for	r the following amount:			ျာ (၁) (၁)	22
■ \$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	<u>:</u>	fii

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rita Garden II, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability ComFlorida document number $\frac{1.09000061730}{1.09000061730}$.	pany were filed on June 25, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		D 0000
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		er the name of the ne
Name of New Registered Agent:	-	··
New Registered Office Address:	Enter Florida street address	_ .
	re ea.	
	, Florida	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	Change
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	Management
	The Company will be managed by one or more managers and is therefore a manager managed company.
(If an ef Note:	August 5, 2019 tive date, if other than the date of filing:
) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 2 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	Signature of a member or authorized felt-semative of a member

Page 3 of 3

Filing Fee: \$25.00