

L09000096533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies 3 Certificates of Status 2

Special Instructions to Filing Officer:

Office Use Only



500161419005

10/14/09--01034--006 **30.00

FILED
09 OCT 14 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

OCT 15 2009

EXAMINER

LAW OFFICES
BORTOLIN & ASSOCIATES, P.A.

524 S. Andrews Ave., Suite 101N
Ft. Lauderdale, FL 33301

SONIA M. BORTOLIN
bortolin@bellsouth.net

TELEPHONE (954) 523-2223
FACSIMILE (954) 523-2243

October 8, 2009

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

***Re: Articles of Amendment to Articles of Organization of Ritter
Shop, LLC***

Dear Sir or madam:

Please find enclosed the Articles of Amendment to amend the name of the Limited Liability Company Ritter Shop, LLC, which were filed on October 6, 2009. The correct name should be The Rite Shop, LLC

Thank you for your prompt attention to this matter.

Regards,



Sonia M. Bortolin

FILED
09 OCT 14 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ritter Shop, 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:

Sonia Bortolin, Esq.
Name of Person
Bortolin & Associates, P.A.
Firm/Company
524 S. Andrews Ave, Ste. 101N
Address
Ft. Lauderdale, FL 33301
City/State and Zip Code
rritter@att.net
E-mail address: (to be used for future annual report notification)

FILED
09 OCT 14 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Sonia Bortolin at (954) 523-2223
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Ritter Shop, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
09 OCT 14 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on October 06, 2009 and assigned
Florida document number L09000096533.

This amendment is submitted to amend the following:

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

The Rite Shop, LLC

The new name must be distinguishable and end with 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)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

City

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

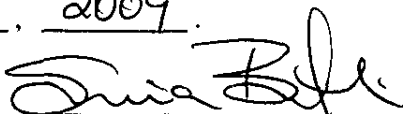
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
 09 OCT 14 AM 10:54
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated 10/08, 2009.



Signature of a member or authorized representative of a member

Sonia M. Bortolin, Esq.

Typed or printed name of signee