

L11000064050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

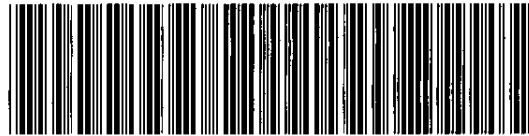
(Business Entity Name)

(Document Number)

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FILED  
19 OCT 18 AM 11:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

OCT 19 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MERCHANDISE 4 EXCHANGE LLC  
Name of Limited Liability Company

FILED  
OCT 18 AM 11:38  
TALLAHASSEE, FL  
SECRETARY OF STATE

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS RITZMANN  
Name of Person

MERCHANDISE 4 EXCHANGE LLC  
Firm/Company

4195 TAMiami TRAIL S. #169  
Address

VENICE, FL 34293  
City/State and Zip Code

CINTOMY@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS RITZMANN at 941 322 4628  
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

MERCHANDISE 4 EXCHANGE LLC

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

FILED  
OCT 18 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 6-1-2011 and assigned  
Florida document number L11000064050

This amendment is submitted to amend the following:

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

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)

4195 TAMiami TRAIL S  
UNIT 169  
VENICE, FL 34293

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4195 TAMiami TRAIL S  
UNIT 169  
VENICE, FL 34293

**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:

THOMAS RITZMANN

New Registered Office Address:

4195 TAMiami TRAIL S

Enter Florida street address

VENICE

City

Florida

34293

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.

X Thomas Ritzmann  
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

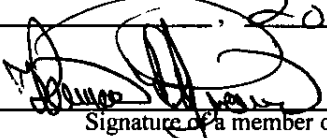
MGRM = Managing Member

Title	Name	Address	Type of Action
M	ROBERT ROGERSON	504 S. TAMIAHI TRAIL NOVOMIS, FL 34275	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
M	THOMAS RITZMANN	4195 TAMIAHI TRAIL UNIT 169 VERICE, FL 34293	<input checked="" 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  
14 OCT 18 AM 11:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated 10-14-2011

X   
Signature of a member or authorized representative of a member

THOMAS RITZMANN  
Typed or printed name of signee