L12000031450

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Ritz Life, LLC (name change)

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:

Mantas Kudrinas

Name of Person

Firm/Company

3370 NE 190TH ST #714

Address

AVENTURA FL 33180

City/State and Zip Code

KMANTAS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MANTAS KUDRINAS

_{...}954、3831126

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

The Articles of Organization for this Limited Liability Companiflorida document number <u>L12000031450</u> .	y were filed on 01/23/2013	ar	id assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
MANTAS KUDRINAS, LLC			
The new name must be distinguishable and end with the words "Lim" L.L.C."	nited Liability Company," the designation	on "LLC" o	r the abbreviati
Enter new principal offices address, if applicable:	3370 NE 190TH ST #714		
(Principal office address MUST BE A STREET ADDRESS)	AVENTURA FL 33180		3
		222	
Enter new mailing address, if applicable:	3370 NE 190TH ST #714	ARY	
(Mailing address MAY BE A POST OFFICE BOX)	AVENTURA FL 33180	FL	
		STATE	بر ن
		→ (m)	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		<u>er the na</u>	me of the no
redistered agent and/or the new registered office address he	<u>re</u> :		

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Zip Code

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> **Type of Action** Name <u>Address</u> Add Remove Remove Remove Remove

ONLY AMENDMENT	Change(s) here: (Attach additional sheets, if necessary.)
OIAL AMENDMENT	
EEDDUADV 25	2013
red FEBRUARY 25	2013
XIII	Guo-
• -	nember or authorized representative of a member
MANTAS KUDRINAS	/
	Typed or printed name of signee

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Filing Fee: \$25.00