L14000 167 954

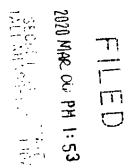
(Red	questor's Name)
(Add	dress)
bA)	dress)
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)
Certified Copies	_ Certificates of Status
Special Instructions to	Filing Officer: The Hold Add Add Add Add Add Add Add Ad





000339868290

02/06/20--01015--011 **25.00



Amind Manc

MAR 0 6 2020

I ALBRITTON

COVER LETTER

Division of Co				
RITA'S	RITAS, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	THELMA WHITE			
		Name of Person		
	BEACH DAZE ENTERT	AINMENT		
		Firm/Company		
	735 NE 5TH AVE., SUIT	E 1		
		Address		
	FORT LAUDERDALE, F	T. 33304		
		City/State and Zip Code	<u> </u>	
	BEACHDAZE7@GMAIL	.COM to be used for future annual re		
for further information c	oncerning this matter, please c		рон поинсация)	
THELMA WHITE	·	954 947-	0060	
Name o	f Person	Area Code	Daytime Telephone Number	
Santa and the other terms of				
	·			
■ \$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sed) \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is enc	
Mailing Address		Street Add		
Enclosed is a check for the \$25.00 Filing Fee Mailing Addres Registration S Division of C	Section	Certified Copy (additional copy is enclos Street Add Registrati	Certificate of S sed) Certified Copy tadditional copy is	tati

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



March 3, 2020

THELMA WHITE 735 NE 5TH AVE STE. 1 FORT LAUDERDALE, FL 33304

SUBJECT: RITA'S RITAS, LLC Ref. Number: L14000167954

We have received your document for RITA'S RITAS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

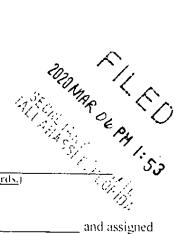
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 920A00004700

Irene Albritton Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



RITA'S RITAS, LLC

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

10.3....

The Articles of Organization for this Limited	Liability Company	were filed on 10	728/14 and assigned
Florida document number L14000167954	·		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	oility company her	<u>'e</u> :
BEACH DAZE ENTERTAINMENT LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the de	signation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		735 N.E. 5TH AVENUE, SUITE 1	
(Principal office address MUST BE A STRE		FORT LAUDER	DALE, FLORIDA 33304
Enter new mailing address, if applicable:		735 N.E. 5TH A	VENUE, SUITE 1
(Mailing address MAY BE A POST OFFICE BOX)		FORT LAUDER	DALE, FLORIDA 33304
B. If amending the registered agent and/or agent and/or the new registered office addro Name of New Registered Agent:	registered office : ess here: THELMA WH		cords, <u>enter the name of the new register</u>
New Registered Office Address:	735 N.E. 5TH AVENUE, SUITE 1		
- Suppose the testing of the suppose the s		Enter Floric	la street address
	FORT LAUDE	RDALE	Florida 33304
		City	Zip Code

<u> Vgent's Signature, it changing Registered Agent:</u>

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
OWNER	THELMA WHITE	735 N.E. 5TH AVE., SUITE 1	
		FORT LAUDERDALE, FL 33304	
			□Change
AMBR	LUISA RODRIGUEZ GIRON	735 NE 5TH AVE., SUITE I	≣ Add
		FORT LAUDERDALE, FL 33304	□Remove
			□Change
			□Add
			□Remove
			Change
			🗀 Add
			□Remove
			Change
			
			□Remove
			□Change
<u>-</u> .			🗆 Add
			□Remove
			Changu

. . . .

-	
_	
_	
_	
_	
-	
_	
-	
1016. 11	e date, if other than the date of filing:
record : Lis filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the .
ated	Helma Harris
	Signature of a member or authorized representative of a member
	- THEZUH WHITE
	Typed or printed name of signee

Filing Fee: \$25.00