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SECRETARY OF STATE DIVISION OF CORPORATION

N COOPER JUL 27 2018

COVER LETTER

TO:		istration Sec sion of Corp			•	•		
CHDIE		RITZ & CO	MPANY, LLC					
SUBJE	Name of Limited Liability Company							
The enc	losed	Articles of A	mendment and fee(s) are sub-	mitted for filing.				
Please r	eturn	all correspon	dence concerning this matter	to the following:				
			MICHAEL EVARISTO					
			M-F	Name of Person		·		
			RITZ & COMPANY, LLC					
		Firm/Company						
			2805 E. OAKLAND PARK BLVD #350					
		Address						
	FORT LAUDERDALE, FL 33306							
				City/State and Zip Code	_			
	EVARISTOMICHAEL@HOTMAIL.COM							
			E-mail address: ()	to be used for future annual	l report notificati	ion)		
For furt	her in	formation co	ncerning this matter, please ca	all:				
MICHA	AEL E	VARISTO		-	14-0711			
		Name of	Person	at () Area Code	Daytime Te	dephone Number		
Enclose	ed is a	check for the	following amount:					
\$25	i,00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
		MAILE	NG ADDRESS:	STREE	T/COURIER	ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RITZ & COMPANY, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{7/23/2015}{1}$ ___ and assigned Florida document number L15000013937 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	SALLY EVARISTO	2805 e. Oakland Park Blvd #350	
		Ft Lauderdale, FL 33306	Remove
			☐ Change
AMBR	JASON WOOD	2805 e. Oakland Park Blvd #350	X Add
		Ft Lauderdale, FL 33306	Remove
			Change
		<u></u>	Change
			☐ Remove
			Change
			□ Remove
			Change
			☐ Remove
			□ Change

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te: If the date inserted in thi	must be specific and cannot be prior to date of filing or most block does not meet the applicable statutory filing to Department of State's records.	requirements, this date will not be listed a
The 90th day after the	ved effective date, but not an effective ti ecord is filed.	me, at 12:01 a.m. on the earlier
JULY 13 ted	2018	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00