L16000139275

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | ddress) | |
| - (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ви | usiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: | Registration Sec Division of Corp | | - ··· | |
|--------|--------------------------------------|--|---|--|
| CHID H | ect. | RITE OF PA | SSAGE N A LLC | |
| SUBJ | ECT: | Name of Limi | ited Liability Company | |
| The en | closed Articles of A | Amendment and fee(s) are sub- | mitted for filing. | |
| Please | return all correspon | ndence concerning this matter | to the following: | |
| | | JOHN M. DEPERSIO | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | 10519 NW 67TH CT. | | |
| | | | Address | |
| | | PARKLAND, FL 33076 | | |
| | | | City/State and Zip Code | |
| | | flincorporation@gmail.com | | |
| | | E-mail address: (t | to be used for future annual report notific | cation) |
| For fu | rther information co | oncerning this matter, please ca | il: | |
| JOHN | M. DEPERSIO | | 888 905-7380 | |
| • | Name of | Person | at () | Telephone Number |
| Enclos | sed is a check for the | e following amount: | | |
| □ \$2 | 5.00 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

| RITE OF | PASSAGE N | A LLC | | | | | |
|--|-----------------------------------|--|-----------------------|---------------|----------|---------|--------------|
| (Name of the Limited (A | Liability Comp Florida Limited | any as it now appears on Liability Company) | our records.) | , , , , , , , | | | |
| The Articles of Organization for this Limited Liabin Florida document number L16000139275 | ility Company | y were filed on07/25. | /2016 | | and ass | signed | |
| This amendment is submitted to amend the followi | ng: | | | | | | |
| A. If amending name, enter the new name of th | e limited lial | bility company here: | | | | | |
| N/A | | | | | | | |
| The new name must be distinguishable and contain the word | s "Limited Liab | ility Company," the design | nation "LLC" or th | e abbrevi | ation "L | L.C." | _ |
| Enter new principal offices address, if applicabl | e: | N/A | | | | | |
| (Principal office address MUST BE A STREET A | ADDRESS) | • | | | | | _ |
| | | | | | | | _ |
| Enter new mailing address, if applicable: | | N/A | | SEC: | | | <u>.</u> |
| (Mailing address MAY BE A POST OFFICE BO | (X) | | | | 3. | 1 : | |
| | _ _ | | | 35 | 10 | • | |
| | | | | 7,5 | PH | 3 (4 m) | _ |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | | r records, <u>ent</u> | er the | C) | of "the | <u>new</u> |
| | | | | I> | O. | | |
| Name of New Registered Agent: | N/A | | | | | | _ |
| New Registered Office Address: | | | | | | | _ |
| | | Enter Florida s | treet address | | | | |
| _ | | | , Florida | | | | |
| | | City | | 2 | ip 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 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> | <u>Name</u> | Address | Type of Action |
|--------------|--|--------------------|----------------------|
| AMBR | JOHN DEPERI | 10519 NW 67TH CT. | |
| | | PARKLAND, FL 33076 | ≅ Řemove |
| | | | Change |
| AMBR | JOHN R. DEPERSIO | 10519 NW 67TH CT. | ■ Add |
| | | PARKLAND, FL 33076 | □ Remove |
| | | | Change |
| | | | □ Add |
| · | | | Remove |
| | | | ☐ Change |
| | Sector Made Management and a section of the section | | □ Add |
| | | | Remove Change SSE CO |
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| | | | ☐ Remove |
| | | | Change |

| Effective date, if other than the date of filing: [an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) I "unstant to 605.02 days. If the date instenced in this block does not meet the applicable statutory filing requirements, this date will not be listed adocument's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the polyhold of the record is filed. AUG 24TH 2016 Signature of a member or authorized representative of a member JOHN M. DEPERSIO Typed or printed name of signee | NIA | | |
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| Ffective date, if other than the date of filing: | | | |
| First time date, if other than the date of filing: | | | |
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