# L180000 68947

| (Red                      | questor's Name)   |             |
|---------------------------|-------------------|-------------|
| (Ado                      | dress)            |             |
| (Add                      | dress)            |             |
| (Cit                      | y/State/Zip/Phone | e #)        |
| PICK-UP                   | MAIT WAIT         | MAIL        |
| (Bus                      | siness Entity Nar | me)         |
| (Do                       | cument Number)    |             |
| Certified Copies          | Certificates      | s of Status |
| Special Instructions to I | Filing Officer:   |             |
|                           |                   |             |
|                           |                   |             |
| Incomplete                | 1 Wion            | for         |
| •                         | Office Use On     | U<br>Iv     |



300310337463

300310337453 04/02/18--01018--010 \*\*35.00



APR 25 2018



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 4, 2018

BRENDA GARDNER 105 COURTHOUSE SQ INVERNESS, FL 34450 US

SUBJECT: RITZ AND GLITZ ON THE SQUARE, LLC

Ref. Number: L18000068947

We have received your document for RITZ AND GLITZ ON THE SQUARE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6051.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 118A00006760

RECEIVED

OBARTHENT OF STATE

DEPARTMENT OF STATE

INVISION OF CORPORABILE

| COVER LETTER  |
|---|
| TO: Registration Section Division of Corporations   |
| SUBJECT: litz and glitz on the Square 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:                                   |
| BRENDE GARDNER Name of Person   |
| Ritz and GliTz on the Square  |
| 105 CourThouse Sq.  |
| INTERNESS F1. 34450 City/State and Zip Code   |
| Pitz and glitz on the Square Regmail. com E-mail address: 40 be used for future annual report notification) |
| For further information concerning this matter, please call:  |
| Brest da Gardne at (359) 480 6850  Area Code Daytime Telephone Number                                       |
| Enclosed is a check for the following amount:   |

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

### MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

□ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

, Florida

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 = A     | uthorized Member  |         |                |
|--------------|-------------------|---------|----------------|
| <u>Title</u> | <u>Name</u>       | Address | Type of Action |
| AMBL         | 2 Dorothy Fitzger | r zid   | Add            |
|              |                   |         | □ Remove       |
|              |                   |         | ☐ Change       |
|              |                   |         | □ Add          |
|              |                   |         | □ Remove       |
|              |                   |         | ☐ Change       |
|              |                   |         |                |
|              |                   |         | Remove         |
|              |                   |         | ☐ Change       |
|              |                   |         |                |
|              |                   |         | Remove         |
|              |                   |         | Change         |
|              |                   |         | □ Add          |
|              |                   |         | □ Remove       |
|              |                   |         | Change         |
| <del></del>  |                   |         | Add            |
|              |                   |         | Remove         |
|              |                   |         | ☐ Change       |

| <u>Ad</u>  | ding   | DOR                              | othe                                  | 16-1         | =itz                           | g€ (         | ald   | OG.             | <del></del>         |
|--|--|----------------------------------|---------------------------------------|--------------|--------------------------------|--------------|---|-----------------|---------------------|
| _45  | Party  | rer_                             | -01                                   | 11111        | $2R$ $\epsilon$                | DI           |   | - 04            | _                   |
|  |  |                                  | · · · · · · · · · · · · · · · · · · · |              |                                |              |   |                 | _                   |
|  |  |                                  |                                       | ,            |                                |              |   |                 |                     |
| <del> </del>   |  |                                  |                                       |              |                                |              |   |                 | _                   |
|  |  |                                  |                                       |              |                                |              |   |                 | _                   |
| •  |  |                                  |                                       |              |                                |              |   |                 |                     |
|  |  |                                  |                                       |              |                                | ·            |   |                 | _                   |
| <del> </del>   |  |                                  |                                       |              |                                |              |   |                 |                     |
| ·  |  |                                  |                                       |              |                                |              |   |                 | _                   |
|  |  | <u>-</u>                         | <del></del>                           |              |                                |              |   |                 |                     |
|  |  |                                  |                                       |              |                                |              | 3.  |                 | _                   |
| <u> </u>   |  |                                  |                                       |              |                                |              |   | <b>36</b> ∧P    | £*                  |
| -  | <del></del>                                    |                                  |                                       |              |                                |              | - <del> </del>                                | <u>। उ</u><br>। |                     |
|  |  |                                  | <u> </u>                              | *** ****     |                                |              |   | : <u>w</u>      | — :<br>             |
|  |  | <del></del>                      |                                       |              |                                |              | ر .<br>روحت<br>راسم                           |                 | — (3mm              |
|  |  | <u></u>                          |                                       |              |                                | _            | <u> </u>                                      | <u> </u>        |                     |
|  |  |                                  |                                       |              |                                |              | 7.  | 9               |                     |
| Effective date, if   | listed, the date must<br>inserted in this bloo | be specific and<br>ck does not n | cannot be prior<br>neet the applic    | able statuto | ng or more th<br>ry filing req | an 90 days a | otional)<br>fler filing.) Pu<br>this date wil | irsuant to 6    | 605.020<br>isted as |
| Note: If the date in   |  |                                  |                                       |              |                                |              | 1 a.m. on                                     | the ear         | rlier o             |
| Note: If the date in document's effection of the record specification of the record sp |  |                                  | late, but no                          | ot an effec  | tive time                      | , at 12:0    |   |                 |                     |
| Note: If the date in document's effection of the specific of t |  |                                  | late, but no                          | ot an effec  | tive time                      | , at 12:0    |   |                 |                     |

Page 3 of 3

Filing Fee: \$25.00