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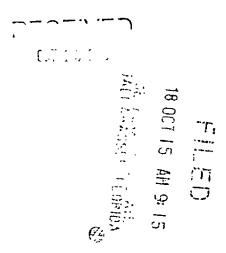
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE		FRAMING LLC		
SUBJI		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		FRITSCHE KRIPALANI,	CRISTIANE	
		FRITSCHE FRAMING LL	Name of Person	
		1961 PALM DR	Firm/Company	
		FERNADINA BEACH, FL	Address _ 32034	
		SAFEWAYMULTISERVIO	-	
r e .			to be used for future annual report notific	cation)
ror tur	ther information c	oncerning this matter, please ca	MI;	
FRITS	CHE KRIPALAN Name o	<u> </u>	904 572-6806 at ()	Telephone Number
Enclos	ed is a check for th	e following amount:		
\$2.	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

FRITSCHE FRAMING LLC			
(<u>Name of the Limited Liabil</u> (A Florid	ty Company as it now appears on ca a Limited Liability Company)	our records.)	
he Articles of Organization for this Limited Liability (Company were filed on 09/18/20	018	_ and assigned
lorida document number L18000221577	<u>_</u> .		
this amendment is submitted to amend the following:			
If amending name, enter the new name of the lim	ited liability company here:		
RITSCHE REMODELING AND CLEANING LLC			
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designa	tion "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:		34	بالمسيد
Principal office address MUST BE A STREET ADDI	RESS)		0
meigat office address stoot be its incertable	1200/		<u> </u>
		·.	<u></u>
Catanaga mailing addraga if annihable.		••	3 T
Enter new mailing address, if applicable:		<u> </u>	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		**************************************	u
 If amending the registered agent and/or registered agent and/or the new registered office add 		records, enter the	name of the
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida sti	reet address	
		, Florida	<u> </u>
	City		Zip 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 **Title** <u>Name</u> Address **Type of Action** _□ Add □ Remove ☐ Change _□ Add _□ Remove □ Change ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

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			10/04/2018			
(If an effective date is	f other than the date of s listed, the date must be specified.	cific and cannot be pr	ior to date of filing	or more than 90 days	ptional) after filing.) Pursuant	to 605.0207 (3
Note: If the date document's effect	inserted in this block doe tive date on the Departme	es not meet the app ent of State's record	licable statutory ds.	filing requirements,	this date will not l	be listed as the
	cifies a delayed effec y after the record is		not an effecti	ve time, at 12:0	01 a.m. on the	earlier of:
		2018				
Dated	OCTUBER 04					
Dated			hr 1	Cripaloni tative of a member		_

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00