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(De	equestor's Name)	
(1)	equestors Marrie)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
□ PICK:UP	☐ WAIT	MAIL
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Eiling Officer	1
Special instructions to	r silling Officer.	

Office Use Only



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COVER LETTER

	Registration Se Division of Cor			·
SUBJEC*	EPR 10, LL	LC		
SUBJEC		Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		WILLIAM RITGER		
			Name of Person	
			Firm/Company	
		750 OCEAN ROYALE W	'AY, APT 1101	
			Address	
		JUNO BEACH, FL 33408		
		WRITGER@GMAIL.COM E-mail address: (City/State and Zip Code 1 to be used for future annual report notif	fication)
For furthe	er information c	oncerning this matter, please c	all:	
WILLIA	M RITGER		561 891-1903	
	Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	O 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 Addres Registration S		Street Address: Registration Sec	ction
I	Division of C	Corporations	Division of Cor	porations
I	P.O. Box 632	. ₇	The Centre of T	allahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp.	any as it now appears on our records.)	···
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on APRIL 4, 2019	and assigned
Florida document number L19000093371		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	he abbreviation."L.L.C."
Enter new principal offices address, if applicable:		•
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		٠,
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new reg
agent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida City Zip Code	
	Florida	l
New Registered Agent's Signature, if changing Registered Agent	•	Zip Code

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
AMBR	MICHAEL FITZPATRICK	10141 HERONWOOD LANE	■Add
		WEST PALM BEACH, FL 33412	□ Remove
			Change
AMBR	MARTIN ORING	7582 HAWKS LANDING DRIVE	■Add
		WEST PALM BEACH, FL 33412	□Remove
			□Change
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			□ Remove
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			□Change

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ective date, if other than the	late of filing:	(optional)
e: If the date inserted in this blo	ck does not meet the applicable statutory	or more than 90 days after filing.) Pursuant to 605.02 filing requirements, this date will not be listed
ument's effective date on the De	partment of State's records.	
cord specifies a delayed effective	date, but not an effective time, at 12:01 a	a.m. on the earlier of: (b) The 90th day after th
s filed.		
AUGUST 15	2023	
ed		
William	2023 W W Signature of a member or authorized represent	
	Signature of a member or authorized represent	tative of a member