## 121000425680

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
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Office Use Only

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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

| SUBJECT: Liv                   | nda Ritter                                      | LLC  |   |
|--------------------------------|---|--|---|
|                                | Name of Lin                                     | nited Liability Company  | <u> </u>  |
|                                |   |  |   |
| The enclosed Articles of       | Amendment and fee(s) are sub                    | omitted for filing.  |   |
| Please return all correspo     | ondence concerning this matter                  | to the following:  |   |
|                                |   |  |   |
|                                | Linda   | R1 HCV<br>Name of Person   |   |
|                                |   |  |   |
|                                | Linda   | RIHEV LLC  |   |
|                                | _   |  |   |
|                                | att SP  | Address  | · C D   |
|                                | Venico  | F1 345   | 0 4 3   |
|                                | /   | City/State and Zip Code  | <del>- ( </del>   |
|                                | Linda /   | FL 342 City/State and Zip Code  LI + D GMaiC to be used for foliage Junual report note | , COM   |
| For further information c      | oncerning this matter, please ca                |  |   |
|                                |   |  |   |
| Name o                         | f Person  | at ( )   |   |
| Name                           | r v craon                                       | Area Code Daytim   | e Telephone Number  |
| Enclosed is a check for th     | ne following amount:                            |  |   |
| \$25,00 Filing Fee             | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)                    | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| <u>Mailing Addres</u>          | <b>\</b> ;                                      | Street Address:  |   |
| Registration S                 | Section   | Registration Sec   | ction   |
| Division of Co<br>P.O. Box 632 |   | Division of Cor  | •   |
| *                              | •   | The Centre of T  | ananassee   |

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|  | er Llc  |
|--|---|
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited I   | ny ay it now appears on our records.)<br>Jability Company)  |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 21000 4 2 56</u> . 80 This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liabi   | were filed on 912812021 and assigned  |
|  |   |
| The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)   | T22 Shanvock BLVD  Venice FL 34293  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a  | ddress on our records, enter the name of the new registers  |
| agent and/or the new registered office address here:   | saress on our records, enter the name of the new registere  |
| Name of New Registered Agent:  | 2 2   |
| New Registered Office Address:   | Enter Florida street address  |
|  | City Florida 20 Zip Gde   |
| New Registered Agent's Signature, if changing Registered Agent:  | i i   |
| hereby accept the appointment as registered agent and agreence or ovisions of all statutes relative to the proper and complete puccept the obligations of my position as registered agent as position filed to merely reflect a change in the registered office of the change. | performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is |
|  |   |

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address     | Type of Action |
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| effective | late is listed, the date                   | must be specific a | and cannot be prior                     | to date of filing or n | nore than 90 days afti | tional) or filing.) Pursuant to 60 | 5.020   |
|           | date inserted in the<br>Tective date on th |                    |   |                        | g requirements, th     | is date will not be lis            | ited as |
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| s filed.  | · · · · · · · · · · · · · · · · · · ·      | sierra i Pierra (  |   | V V V MARKET OF THE    | and the connection, t  | The win my art                     | er the  |
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| .ed       | ١ .  |                    | •                                       |                        |                        |                                    |         |
| ed        |  | l'e                | 2027<br>Lia member or author            | orized representative  |                        |                                    |         |

Typed or printed name of signee