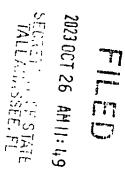
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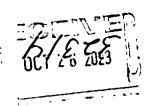
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W23600140110
W2300140110 Incorrect Form





03/28/23--01018--011 ++52.50







## **COVER LETTER**

	Registration Section Division of Corporations	
SUBJEC	CT: MICHAEL J. RITTER AP DOM FNC Name of Limited Liability Company	L.L.C."
The enclo	osed Articles of Amendment and fee(s) are submitted for filing.	
Please re	eturn all correspondence concerning this matter to the following:	
	MICHAEL J. ALITER Name of Person	
	Firm/Company	
	acen MADINA ALVO # 1	511
	9880 MARINA BLVD #/	<del>)                                    </del>
	BOCA RATON FL 33	428
	BOCA RATON FL 33  City/State and Zip Code  MICHAEL RIFIER 53 © Ya  E-mail address: (to be used for future annual report parties	hoo. Com
For furth	ner information concerning this matter, please call:	
_N/A	Name of Person at (56) 4/6-  Area Code Daytime T	1391 Telephone Number
Enclosed	I is a check for the following amount:	
□ \$25.	.00 Filing Fee Solution Soluti	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		#52.50 CK
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tal	Drations #60.00
	Tallahassee, FL 32314 2415 N. Monroe S Tallahassee, FL 3	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

MICHAEL T. KITTER AP DOM =	TWC, MBDZT, 28, AH II: 50
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	SECULAR OF STATE
The Articles of Organization for this Limited Liability Company were filed on	09/29/2021 SEE Figured
Florida document number <u>L2/0004288</u> 23	7 7
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	<u>rre</u> :
MICHAEL J. RITTER AP DON The new name must be distinguishable and contain the words "Limited Liability Company." the d	1 L. L. C. esignation "LLC" or the 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:	
(Muiling address MAY BE A POST OFFICE BOX)	<del></del>
B. If amending the registered agent and/or registered office address on our r	ecords, enter the name of the new registered
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	rida street address
1.HE7 1 107	
City	, Florida 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 provisions of all statutes relative to the proper and complete performance of accept the obligations of my position as registered agent as provided for in C being filed to merely reflect a change in the registered office address, I hereb company has been notified in writing of this change.	my duties, and I am familiar with and 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action Title Name **Address** \_\_\_\_\_ □Remove \_\_\_\_\_\_ □Remove □Remove \_\_\_\_\_ □Change □Remove \_\_\_\_\_ Change \_\_\_\_\_ \\_\_\_ \\_\_\_ \\_\_\_ \\_\_\_ \\_\_\_ \\_\_ 

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reffectiv <u>te:</u> If t	date, if other than the date of filing: NoV 15 <sup>+</sup> 2023 (optional) we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lies's effective date on the Department of State's records.	
cord sp s filed.	necifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at	fter the
ed	October 17, 2023	
	MICHAL TO FITE R Signature of a member or authorized representative of a member	
	MANAGE R  Typed or printed name of signee	

Filing Fee: \$25.00



October 12, 2023

MICHAEL J. RITTER 9880 MARINA BLVD #1511 BOCA RATON, FL 33428

SUBJECT: MICHAEL J. RITTER AP DOM INC. " L.L.C."

Ref. Number: L21000428823

We have received your document for MICHAEL J. RITTER AP DOM INC. "L.L.C." and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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) 245-6050.

Letter Number: 623A00023620

Anissa Butler Regulatory Specialist II

www.sunbiz.org