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COVER LETTER

	ion Section of Corporations		~
SUBJECT:			
SUBJECT		od Liability Company	
The enclosed Artic	eles of Amendment and fee(s) are sub	mitted for filing.	
Please return all co	orrespondence concerning this matter	to the following:	
		Sean Z. Richey	
		Name of Person	201
	Ri	chey Inventions, LLC	2011 JAN 31 SECRETAR'S TALLAHASS
		Firm/Company	H 3
16319 Villarreal De Avila		JAN 31 PH AHASSEE, F	
•		Address	FLORIUS E
	Tai	mpa, FL 336313-1070	
		City/State and Zip Code	
	E-mail address: (t	/inventions@verizon.net o be used for future annual report notificat	ion)
For further information	ation concerning this matter, please c	all:	
	Zach Richey	at (0-5055
1	Name of Person	Area Code & Daytime T	elephone Number
Enclosed is a chec	k for the following amount:		
\$25.00 Filing F	Fee \$\bigs\square\squar	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations		STREET/COURIER Registration Section Division of Corporation	
Ţ	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center	r Circle

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RICHEY	INVENTIONS, LLO	<u> </u>	
(Name of the Limited Liability (A Florida	Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	03/26/2004 and assigne	d
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the we"L.L.C."	ords "Limited Liability Comp	any," the designation "LLC" or the abbre	viation
Enter new principal offices address, if applicable:		20 ნი	
(Principal office address MUST BE A STREET ADD	RESS)	<u> </u>	
•		HASSSAR	η
		<u>~</u> −	-
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		97A & (
		<u>></u> 6)	
B. If amending the registered agent and/or registered agent and/or the new registered office ad		our records, enter the name of th	e new
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street address	
***		, Florida	
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action Address **Title** Name MGRM Tina JoAnn Richey ✓ Add 16319 Villarreal De Avila Remove Tampa FL 33613-1071 Sharon Gay Richey MGRM 16319 Villarreal De Avila ✓ Add Tampa, FL 33613-1071 Remove ☐ Add Remove Add≥ Remove Add ¹∉⁄ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) January 3 Dated _ Signature of a member or authorized representative of a member Sean Z. Richey Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00