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EXAMINER

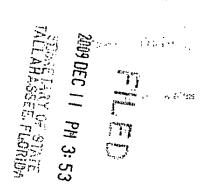
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COVER LETTER

то:	Registration Secti Division of Corpo				
SUBJI	ECT: TIK	Name of Limi	ted Liability Company	·	
The en	closed Articles of Ar	nendment and fee(s) are sub	omitted for filing.		
Please	return all correspond	ence concerning this matter	to the following:		
			Name of Person Riches, LLC Firm/Company		
			Firm/Company		
		305 NW	EMULA WAY Address	Z009 D	
		Jenson T	City/State and Zip Code	ALLAHASSEE FLORIDA	in a
		OZONE) E-mail address: (QA e concast. Ne to be used for future annual report notificati	t PR 3:5	بين د د
For fur	ther information con	cerning this matter, please of	eall:	<u> 5</u>	-
<u>C</u>	Name of P	AND CERSON	at (772) 692 - 05 Area Code & Daytime To	selephone Number	
Enclos	ed is a check for the	following amount:			
☑\$2 5	.00 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)	
		G ADDRESS: on Section	STREET/COURIER Registration Section	ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TIKI	RICHES, LLC
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	Company were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	2009 D
(Principal office address MUST BE A STREET ADDR	
,	
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or regist registered agent and/or the new registered office additional actions and the registered office additional actions are registered of the registered agent and/or the new registered of the registered agent and/or registered agent	tered office address on our records, enter the name of the new ress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter 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

MGRM	MICHAEL D. O'Connoc	JENSON BENCH, FL 34957	Add. Remove
			Add Remove
***************************************			Add Remove
			Add Remove
			Remove
D. If amend	ling any other information, enter change((s) here: (Attach additional sheets, if necessary.)	_
			
	DECEMBER 7, 200	9	
	Cinqui	or authorized representative of a member	
	CIMO	Printed name of signee	

Page 2 of 2

Filing Fee: \$25.00