

# L10000061233

04/19/2011 11:13 FAX 399 47 3095  
Division of Corporations

CUMMINGS & LOCKWOOD LLC

001/003  
Page of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H11000103594 3)))



H110001035943ABCY

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : CUMMINGS & LOCKWOOD, LLC  
Account Number : 102336001100  
Phone : (239) 390-8069  
Fax Number : (239) 430-3318

FILED  
11 APR 19 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: CLASP@cl-law.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RICHARDS MANAGEMENT LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$30.00

RECEIVED  
11 APR 19 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
APR 20 2011

Electronic Filing Menu Corporate Filing Menu Help

FILED

11 APR 19 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Richars Management LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/08/2010 and assigned  
Florida document number L10000061233

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Richars Rapallo LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "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:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Elmer D. Richars

New Registered Office Address:

21704 Masters Circle

Enter Florida street address

Estero

Florida

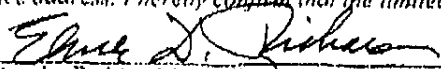
33928

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)

(((H11000103594 3)))

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated April 19, 2011



Signature of a member or authorized representative of a member

Elmer D. Richards

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

(((H11000103594 3)))