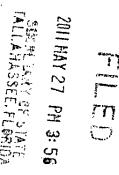
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(Requestor's Name)			
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•	,		
(Cit	u/State/7in/Dhana	. #\	
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
rioker	□ • ·····		
(Business Entity Name)			
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·	
Certified Copies	Certificates	of Status	
	-		
Special Instructions to I	Filing Officer:		
A. LUNT			
MAY 31 2010			
EXAMINER			
- A MAINALI			



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Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Michelle Rice LLC	_	
Name of Limited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Michelle Rice Name of Person	_	
Name of Person		
Michelle Rice CCC Firm/Company		
Firm/Company	- P	
9/21 Oak Fern Drive	2011 HAY 27	Eranderand A E
Address	MY 2	Statement Statement
orlando, FC 32832 City/State and Zip Code	7	\mathbf{m}
·		
E-mail address: (to be used for future annual report notification)	- 55 · 55	
For further information concerning this matter, please call:	, EL	
Michelle 12ice at (954) 330-7931 Name of Person Area Code & Daytime Telephone Numb		
Name of Person Area Code & Daytime Telephone Numb	er	
Enclosed is a check for the following amount:		
Certificate of Status Certified Copy Certified Copy Certified Copy is enclosed) Certified Copy is enclosed)	Filing Fee, cate of Status & ed Copy onal copy is encl	osed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Michelle Rico CCC

(Name of the Limited Lial (A Flor	bility Company as it now appears on our rida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liabili		•
This amendment is submitted to amend the followin A. If amending name, enter the new name of the	ıg:	2011 HAY 27
and it amonding name, the tier hame of the	ininea impinty company nere.	STEE P IT
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the	designation "LLC" of the abbreviation
Enter new principal offices address, if applicable	<u></u>	
(Principal office address MUST BE A STREET A)	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or registered agent and/or the new registered office		ords, <u>enter the name of the ne</u> v
Name of New Registered Agent:		
New Registered Office Address:	Enter Flori	ida 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 Title Type of Action Name **Address** Michelle Rice 9121 Oak Fern Drive OF Add Remove ☐ Add ☐ Remove ☐ Add Remove Add Remove <u>8</u>5 ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 25 Dated Signature of a member or authorized representative of a member Michelle Rice

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee