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WAR 2 3 2015 J. HARRIS 2016 MAR 21 AM 9: 02

COVER LETTER

Division	of Corporation	ıs		•	
SUBJECT:	GLAG	RICH AND	CONSUI Hing	LLC	
		Name of	Limited Liability Compa	any	
The enclosed Arti	icles of Amendn	ent and fee(s) are	submitted for filing.		
Please return all c	orrespondence c	oncerning this mat	tter to the following:		
			C	_	
			GRAGORY Name of Per	1210 444 1 son	10
			Firm/Compa	iny	
		1240.	^		_
		139 BLACE	Address	escent	
		Roser	A. Rem	1 01	33 4//
		7.59.70	City/State and Zi	p Code	
		9/cg	Address Address City/State and Zity City/State and Green future Size (to be used for future)	annual report n	otification)
For further inform		g this matter, pleas		•	·
<i>C</i> .					
Ok	AG RIC Name of Person	man)	at (_57 Area Co) 252 ode Dayt	ime Telephone Number
Enclosed is a che	ck for the follow	ring amount:			
□ \$25.00 Filing	•	0.00 Filing Fee & Certificate of Status			□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

(Name of the Limited Liability Compar (A Florida Limited L	sulfring, LLC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{5/2y/20l}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:
Gl460Ry J. RICH. The new name must be distinguishable and contain the words "Limited Liability".	ty 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)	BRALDRY J. RICKARD 134 BLACK OLIVE CALSCENT LoyAL PARM BEACH, R. 33411
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	AURORA RICHARD 134 BLACK OLIVE (RESCENT ROYA PALM BEACH, R. 33411
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	AGONY J. RICHIND
New Registered Office Address: Ruy pa 1	SLACK OLIVE CRES. 1 Enter Florida street address Ann Byphh, Florida 33 4// City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
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