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Registration Section

TO:

Division of Corporations General Contracting & Design, LLC SUBJECT: 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: George Nimblette Firm/Company 6226 Arlington Way Address Fort Pierce, Florida 34951 City/State and Zip Code gnimblette@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: George Nimblette Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, **=** \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: **Street Address:** Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT **ARTICLES OF ORGANIZATION**

엉

General Contracting & Design,	LLC			
- (Name of the L	imited Liability Compa (A Florida Limited I	ny as it now ap	pears on our records.)	703
	(A Fiorida Limited I	.iability Compai	19)	であった。
The Articles of Organization for this Limite	d Liability Company	were filed on	July 21, 2011	Signod assigned
Florida document number L11000084362	· .			3.0
This amendment is submitted to amend the	following:			26
A. If amending name, enter the new nam	e of the limited liab	ility company	<u>y here</u> :	
Rich Concepts, LLC		٠.		
The new name must be distinguishable and contain t	he words "Limited Liabil	ity Company," t	he designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if ap	6226 Arling	ton Way		
(Principal office address MUST BE A STR	Fort Pierce,	Florida 34951		
		•		
·	٠		•	
Enter new mailing address, if applicable:		 		
(Mailing address MAY BE A POST OFFI	CE BOX)			
	• .	· <u> </u>		
	•	•		
B. If amending the registered agent and/o		ıddress on ou	ır records, <u>enter the</u>	name of the new register
	· ·			
. Name of New Registered Agent:	·		· ·	
New Registered Office Address:	6226 Arlington	Way		
- · · · · · · · · · · · · · · · · · · ·		Enter	Florida street address	
	Fort Pierce		. Florid	a 34951
	· .	City		Zip Code
New Registered Agent's Signature, if changi	no 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 605, 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 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

	Type of Action	
MGRM Clement Demers 9314 Forest Hill Boulevard, B11	□Add	
Wellington, Florida 33411	■Remove	
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effective da	te, if.other t	han the date	of filing:	he prior to date of	filing or more than	. (optional) g.) Pursuant to 605,0207
e: If the	date inserted i	in this block d	es not meet the	applicable stati	tory filing requi	rements, this dat	e will not be listed as
ument's e	ffective date	on the Departr	nent-of State's r	ecords.			
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	fies a delayed	l effective date	, but not an effe	ctive time, at 12	:01 a.m. on the o	earlier of: (b) T	he 90th day after the
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Filing Fee: \$25.00