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(Requestor's Name)				
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(City/State/Zip/Phone #)				
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(Business Entity Name)				
, Business Entry Number				
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SECRETARY OF STATE

ALL AHASSES FLORIDA

K.BALY EXAMINER FEB 6 2012

COVER LETTER

TO: Registration Division of C		¥	
SUBJECT:	RichCo II	nvestments LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
		Kim Colarusso	
		Name of Person	
	Ric	chCo Investments LLC	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	700 S.	Harbour Island Blvd. #117	
		Address	
		Tampa, FI 33602	
		City/State and Zip Code	
	kc	ola@tampabay.rr.com	
	E-mail address: (t	to be used for future annual report notific	eation)
For further information	concerning this matter, please c	all:	
к	im Colarusso	at (727)	159-4257
Name	of Person	Area Code & Daytime	Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

FFLED:

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SECRETARY OF STATE
TALLAHASSEE, FLORID:

RichC	o Investments LLC		ASSEE, FLORIDA
(Name of the Limited Liabil	ity Company as it now appear a Limited Liability Company)	s on our records.	-outDA
(A Florid	a Ellinica Elability Company)		
The Articles of Organization for this Limited Liability	Company were filed on	1/31/2012	and assigned
Florida document numberL12000014331	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company her	<u>e</u> :	
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Compa	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD)	DRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			•
(Mulling dudress MAT BE A FOST OFFICE BOX)			
B. If amending the registered agent and/or reg	ristared office address on c	our records, enter	the name of the new
registered agent and/or the new registered office ac		di iccordi, <u>enter</u>	
Name of New Registered Agent:			
Nume of New Negistered Algent.			
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 <u>Title</u> Name 1 **Address** Type of Action **MGRM** Kim Colarusso 700 S. Harbour Island Blvd. #117 Remove Tampa,FL33602 ☐ Remove ☐ Add Remove ∏Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member

Kim Colarusso
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00