L13000100648

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COVER LETTER

TO: Registration Se Division of Cor			
Rich	Lee Investmer	nts, LLC	
SUBJECT:		ed Liability Company	· · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	David C. Tas	ssell, Esquire	
		Name of Person	
	Joseph C. K	empe, P.A.	
		Firm/Company	
	941 North H	ighway A1A	
		Address	
	Jupiter, FL 3	3477	
		City/State and Zip Code	
	E-mail address: (t	o be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
David C. Ta	assell	at (561)747-73	300
Name of Person		Area Code & Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy	□\$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rich Lee Investments, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our recoited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Com	pany were filed on 07/16/2013	and assigned
Florida document number L13000100648		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	l liability company here:	
The new name must be distinguishable and end with the words 'L.L.C."	"Limited Liability Company," the desig	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	<u> </u>
		Arm 80
		ASS ASS
Enter new mailing address, if applicable:		im ω μη
(Mailing address MAY BE A POST OFFICE BOX)		E S D
Muning undress MAT BE A FOST OFFICE BOX	•) 1 IZ: 0
		<u> </u>
B. If amending the registered agent and/or registere		, enter the name of the new
registered agent and/or the new registered office addres	s here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
	, Flo	orida
	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 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>	Address	Type of Action
MGRM	Lawrence Raskin	17660 Rocky Pines Rd.	Add
		Jupiter, FL 33478	Remove
			Add
			Romava
			FILES
			PE Remove
 			Add
		-	Remove
			Add
			Remove
			Add
			Remove

	ा शंह्याल्ड	Managing Member Typed or printed name o	Jason Martinez,	
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Filing Fee: \$25.00

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SECRETARY OF STATE

TALL AHASSEE FLORIDA