## 4/4000/8637

(Re	questor's Name)	
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SECRETARY OF STATE

## **COVER LETTER**

FO: Registration Se Division of Cor		· ."	
Richess, LL	.c		
	Name of Lim	ited Liability Company	de company of the com
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Stephanie W. Richardson		
		Name of Person	ramandarida en anti-a de en escale anti-en antibeles dan en de-
	Richess, LLC		
		Firm/Company	
	4501 Webster Street		
	<del></del>	Address	
	Tampa, FL 33610		
	aerich023@gmail.com	City/State and Zip Code	
	<del>*</del> -	to be used for future annual report notifi	ication)
For further information co	oncerning this matter, please ca	ali:	
Stephanie W. Richardsor	1	813 237-1660 at ()	
Name of Person		Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

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

Richess Cafe, LLC		
(Name of the Limited Liab (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L14000018637	Company were filed on 01/24/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Richess, LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADD	PRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Aprilla de la companya de la company	
insuring dual cooperation and the cooperation and the cooperation and the cooperation are considered as the cooperation and the cooperation are considered as the cooperation ar		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		ter the name of the ne
Name of New Registered Agent:		SS
New Registered Office Address:	B. B. I	To a m
	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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR/M	A. Eugene Richardson	4501 Webster Street	☐ Add
		Tampa, FL 33610	■ Remove
		d-mayer	Change
AMBR/M	Alfred E. Richardson	4501 Webster Street	<b>=</b> Add
		Tampa, FL 33610	□ Remove
			Change
	A		
		<del></del>	☐ Remove
			Change
			☐ Remove
		<del>.</del>	Change
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			☐ Change

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<b>fective date, if</b> an effective date is l	other than the date isted, the date must be s	e of filing:		te of filing or m	ore than 90 day	( <b>optiona</b> /s after filin	l) 12.) Purs	uant to 60	05.020°
ote: If the date in	nserted in this block over date on the Depart	does not meet t	he applicable :	statutory filin	g requiremen	ts, this dat	te will r	not be lis	sted as
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Filing Fee: \$25.00