L14000041729

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Amend

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SECRETARY OF STATE
SECRETARY OF STATE

TALLAHASSEE, FLORIDA

APR 14 2015 N. CAUSSEAUX

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A. RICH Installations LLC. 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:
Andrew Rich
Andrew Rich Name of Person A. Rich Installations LLC Firm/Company
Firm/Company
7653 Dovecote Dr.
7653 Dovecote Dr. Address
Orlando, FL 32810 Andrew. Rich 512@ Gmail. Com
Andrew. Rich 512@ Gmail. Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Andrew Rich at (321) 418-4835 Name of Person Area Code Daytime Telephone Number
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 Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & 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

A. NICH Installation	-	
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our record Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Companiform Florida document number <u>L1 4000041729</u> .	by were filed on $1/23/$	2015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
N/A SA	ME	
The new name must be distinguishable and end with the words "Limited Li	ability Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	SAME	5 FR 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- SAME	SSEE, FLORA
		D 17
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ds, enter the name of the nev
Name of New Registered Agent:	CAME	
New Registered Office Address:	Enter Florida street addre	'ss
	F	lorida
	City	Zin 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBK - Aut	norized Member		
<u>Title</u>	<u>Name</u>		of Action
MGR	Andrew Rich	7653 Dovecote Dr. Janob, FL 32810 OR	id
		Orlando, FL 32810 DRE	emove
AMBR	Al Gidaro	502 Gumwood Ct. KA	id
		Altamonte Springs, FL ORG	emove
			id
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Filing Fee: \$25.00

