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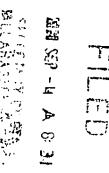
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## **COVER LETTER**

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: Ritcheys Tractor Name of Lin	Dode 110	
Name of Lir	mited Liability Company	<del></del>
The enclosed Articles of Amendment and fee(s) are su	bmitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
Karen	A Ritchu Name of Person	
<u>Ritchen's</u>	Tractor Works, H	-C
2080 Tr	dustrial Park Address	RI.
	y FL 33860 City/State and Zip Code	
Karen@rī- E-mail address:	tcharstruck repair.	Com fication)
For further information concerning this matter, please	call:	
Name of Person	at (863) 397	-0080
Name of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\square \text{Solution Status}\$\$ 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: Registration Section	Street Address: Registration Sec	ction
Division of Corporations P.O. Box 6327	Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ritchais Tractor Worl	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	vere filed on
Florida document number <u>Ll 4000 17629 4</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office ac	ldress on our records, enter the name of the new registered
agent and/or the new registered office address here:	3° 11 - 30
	200 miles
Name of New Registered Agent:	3.4 11
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 provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as properties to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and covided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

in amortium 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 Address Type of Action Title Name MGR Bruce A Ritchey 2080 Industrial Park Rd Madd
Mulberny. Pr 33860 Remove \_\_\_\_\_ Change AMBR Karen A Rischer 2080 Industrial Park Rd. Add

Mulberry Fr 33860 PRemove \_\_\_\_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Add \_\_\_\_\_ □Remove \_\_\_\_\_ Change □Add □Remove □Add \_\_\_\_\_ □Change □Add □Remove ☐ Change

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Effecti If an effe	ve date, if other than the date of filing: 9-1-20 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
e record rd is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	9-1-  Kare & Ritche  Signature of a member or authorized representative of a member  Kare & Ritche
•	
· •	Karen & Ritche _

Filing Fee: \$25.00