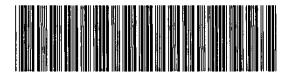
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COVER LETTER

TO:	Registration Se Division of Cor		;	
cum r		Robert Investments LLC		
SUBJ	EC1:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Shane Clark		
			Name of Person	<u></u>
		Ritchey & Robert Investme	ents LLC	
			Firm/Company	
		2202 Harvard Ct		
			Address	
		Riverview, FL 33578		
		. ,	City/State and Zip Code	
		sclark0987@gmail.com		
		E-mail address: (to be used for future annual report notifi	ication)
For fu	rther information c	oncerning this matter, please c	all:	
Shane	Clark		813 482-6920 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
≅ \$2	5.00 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

FILED 2015 JUH 11 PM 5:09

Ritchey & Robert Investments LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 3/27/2015 and assigned Florida document number ____L15000054682 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _ Florida ___

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>	Name	Address	Type of Action
AMBR	William Ogorek	2202 Harvard Ct. Riverview, FL	= Add
		33578	Remove
			☐ Change
			□ Remove
			Change
			The December 1
			Change Change
			Add Add
			Remove
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			<u> </u>
 			
ective date, if other than th	re date of filing:		(optional) 90 days after filing.) Pursuant to 605.02
te: If the date inserted in this cument's effective date on the	block does not meet the appli	cable statutory filing requir	ements, this date will not be listed a
record specifies a delayon The 90th day after the re		ot an effective time, a	t 12:01 a.m. on the earlier ϵ
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