## L15000165260

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	}
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Office Use Only



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TO: H	Registration Section Division of Corpor	on ations		· %t,	•
SUBJEC	т.	i a			
SOBJEC	1.	Name of Limi	ited Liability Company		
		nendment and fee(s) are sub-			
		Richelen	Name of Person		
			Firm/Company		
		1409 W.	Blocker	St.	
		Lander	FL S City/State and Zip Code	3462	
		Fichelene E-mail address: (	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	port notification)	
For furthe	er information con	cerning this matter, please ca	all:		
Rid	Name of Po		at ( <u>355</u> ) <u>3</u> Area Code	22-6257 Daytime Telephone Number	
Enclosed	is a check for the	following amount:			
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy		ing Fee, e of Status &

**COVER LETTER** 

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

FILED
2015 OCT -6 AM 9: 27

Richeline 5	sine LLC	SECONTAIN
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our real Limited Liability Company)	cords.) TALLAHASSLE, FI
The Articles of Organization for this Limited Liability (	Company were filed on 9124	and assigned
Florida document number _L1.5000165		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Richelene Sine	LLC	
The new name must be distinguishable and contain the words "Lin	nited 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 ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our rec lress here:	ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	dhass
	Enter Florida Street di	WH £77
	City	, 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	
			□ Add	
			☐ Remove	
			☐ Change	
			Add	
			Remove	
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Effective date, if other than the date of filing:	605.0207 (3)(b) listed as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea  ) The 90th day after the record is filed.	rlier of:
Dated	
Riche Signature of a member of authorized representative of a member  Riche Signature of a member of authorized representative of a member  Typed or printed name of signee	-

Page 3 of 3

Filing Fee: \$25.00