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05/04/20--01015--002 **

2020 FAY -4 AMIO: 43

J22120

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: RICE	1200 PROPER	TIES LLC		
	Name of Lim	nited Liability Company		
The anglesed Articles of A	Amendment and fee(s) are sub	amitted for filing		
		-		
Please return all correspon	idence concerning this matter	to the following:		
	,	<u>.</u>		
	NANCY	Rizowal Name of Person		
		Name of Person		
	\mathcal{D}_{ij}	7). 3	0	
	_ XILEY/KOO	PROPERTIES LC	<u> </u>	
	PO Box	7243		
	V	1 02 000		
	NETCHIKA	A AK 9990 City/State and Zip Code		
	E-mail address: (to be used for future annual report not	ification)	
For further information co	neerning this matter, please c			
101 faraici intormanon co	neering this matter, prease c	an.		
NANCY BIE	Power	907,617-	2044	
Name of	Person	at (<u>907)</u> 617 - Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	e fall suring our sunt			
	-			
□ \$25.00 Filing Fee	≦ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy		
	Commence of Character	(additional copy is enclosed)	Certified Copy	
			(additional copy is enclosed)	
24.29		0		
Mailing Address Registration S		<u>Street Address:</u> Registration Se	ection	
Division of Co		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, F	L 32314		be Street, Suite 810	
		Tallahassee, Fl	5.2503	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

RILEZIRON	PROPERTIES (110.
(Name of the Limite	ROPERTIES A d Liability Company as it now a A Florida Limited Liability Compa	ppears on our records.) any)
The Articles of Organization for this Limited Lia Florida document number 4/60000 7	bility Company were filed o	
This amendment is submitted to amend the follo-	wing:	
A. If amending name, enter the new name of	the limited liability compar	<u>ıy here</u> :
The new name must be distinguishable and contain the wo	rds "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or reagent and/or the new registered office address		ur records, <u>enter the name of the n</u> e
Name of New Registered Agent:		
New Registered Office Address:		
	Ente	r Florida street address
	City	, Florida 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 comprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar we accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doctoring filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabit company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Age

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each perso or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type
AMBR	BRIAN & BROWN	PO BOX 7243	
		KETCHIKAN AK 99901	——
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				<u>_</u>		
(If an effective Note: 1	e date, if other than etive date is listed, the date f the date inserted in th nt's effective date on the	e must be specific ils block does no	and cannot be pri- of meet the appl	icable statutory f	or more than 90 days Hing requirements	optional) after filing.) Pursuant to 6 , this date will not be 1
the reco) The S	ord specifies a dela 90th day after the	ayed effective record is file	e date, but n ed.	ot an effectiv	e time, at 12:0	01 a.m. on the ea
Dated _	Apric 2	9	2020	<u> </u>		
		Signature of	'a member or aut	horized representa	tive of a member	
	NANCY	Broi	x/1			

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Filing Fee: \$25.00