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## **COVER LETTER**

TO:

	gistration Se vision of Cor			
SUBJECT:	RICHBUIL	T GROUP OF JACKSONVIL	LE, LLC	
SUBJECT.		Name of Lim	ited Liability Company	<del>-</del> -
The enclose	d Anicles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ondence concerning this matter	to the following:	
		Bruce S. Rosenwater		
			Name of Person	
		Bruce S. Rosenwater & As	sociates, P.A.	
			Firm/Company	
		1601 Forum Place, Suite 6	02	
			Address	
		West Palm Beach, FL 3340	) i	
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		info@rosenwater.com		
		E-mail address: (1	to be used for future annual report not	ification)
For further i	nformation c	oncerning this matter, please ea	atl:	
Bruce S. Ro	senwater		561 688-0991 at()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	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)
	iling Addres		Street Address:	ection
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.0	D. Box 632	7	The Centre of	=
Ta	llahassee, I	FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RICHBUILT GROUP OF JACKSONVILLE, LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	ipany as it now appears on our recorded Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Compa	ny were filed on 01/23/2017	and assigned
Florida document number L17000016795		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		•••
		त्द
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
<ol> <li>If amending the registered agent and/or registered offic</li> </ol>		
s. It amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, <u>enter</u>	
<del></del>		06
Name of New Registered Agent:		_
New Registered Office Address:		
	Enter Florida street addres.	s
		orida
	City	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 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>	<u>Name</u>	Address	Type of Action
MGR	Jerome L. Rich 2019 Irrevocable Trust	2552 Peters Rd, Ste B, Fort Pierce, FL 34945	<b>=</b> Add
		-	□Remove
			□Change
MBR	Jodi Lynn Rich 2019 Irrevocable Trust	2552 Peters Rd, Sete B, Fort Pierce, FL 34945	
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□A <u>dd</u> □ O
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		on the current on to, the void day union
Signature of a member of authorized representative of a member	ted September 17. Pozr.	
Signature of a member of authorized representative of a member		
	Signature of a member of authorized represent	tative of a member

Filing Fee: \$25.00