L17000110209

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Se Division of Cor		•		
	S RICH LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	YOLY SABILLON			
		Name of Person		
	LA FLORIDA SERVICES	S		
		Firm/Company		
3831 W VINE STREET SUITE 148				
		Address		
	KISSIMMEE, FL 34741			
	yoly@lafloridaservices.con	City/State and Zip Code		
	· · ·	to be used for future annual report notific	eation)	
For further information c	oncerning this matter, please c	all:		
YOLY SABILLON		407 978-6560 at ()		
			Telephone Number	
Enclosed is a check for the	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)	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GETTINGS RICH, LLC		
(Name of the Limited Li (A F	ability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ity Company were filed on 05/18/2017	and assigned
Florida document number L17000110209	·	
This amendment is submitted to amend the followin	g:	
A. If amending name, <u>enter the new name of the</u>	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 A	DDRESS)	<u> </u>
		7 N
		AC AC
Enter new mailing address, if applicable:		-9
(Mailing address MAY BE A POST OFFICE BOX	0	7
TO THE PARTY OF TH	<u> </u>	2; [:
		3 ₹
B. If amending the registered agent and/or r	egistered office address on our records, er	200
registered agent and/or the new registered office		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u> </u>	, Florid	
	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>	Name	Address	Type of Action
AMBR	GETTINGS, MARIA M.	14324 DULCIMER CT	
		ORLANDO, FL 32837	■ Remove
			■ Remove
			Change
			Add
		-	□ Remove
			☐ Change
 			
			□ Remove
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ffec	ive date, if other than the date of filing: (optional)	
an e	fective 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	o 605 .02
ocui	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be nent's effective date on the Department of State's records.	: listed
e re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e	arlier
Th	90th day after the record is filed.	arner
Dated	NOVEMBER 9TH 2017	
	THE A	
	Signature of a member or authorized representative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00