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fo:

Division of Corporations

fax Number : (850)617-6383

From:

Account Name : CORP USA Account Number : 072450003255 : (305)634-3694 Phone

Fax Number

: (305)633-9696

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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7/28/2017

COVER LETTER

TO:	Registration Sec Division of Corp	tion orations	¥	
	RRICH MIA	MILLC		
SUBJ	ECT:	Name of Limit	ed Liability Compuny	
The c	nclused Articles of A	imendment and fee(s) are subm	nitted for filing.	
Please	return all correspor	dence concerning this matter t	o the following:	
		VANESSA MORELLI		
			Name of Person	
		MORELLI LAW OFFICES	, PLLC	
Firm/Company				
	800 BRICKELL AVENUE STE 1400			
	Address			
		MIAMI, FL 33131		<u></u>
		VMORELLI@MORELLIL	City/State and Zip Code	-
			to be used for future armual report noti	lication)
For :	unher information c	oncerning this matter, please co	aH:	
	IESSA MOREILLI		305 224-1266	
	Nonie 0	l'Person	Area Code Daysim	e Telephone Number
linch	nsed is a check for th	ne following amount:	,1	
	\$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S\$5,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. B	ING ADDRESS: nation Section on of Corporations ox 6327 assoc, F1, 32314	STREET/COURI Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RRICH MIAA Name of the Limited Lubility Compa (A Flerica Lunited L	ny us it now impears on our records.) Lability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.17000145331	07/06/2017	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C." 8911 COLLINS AVENUE #305 #305	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	MIAM1, FL 33154	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8911 COLLINS AVENUE #305 2 1 1 SURFSIDE, FL 33154 2 0 0	1
	28	- T
B. If amending the registered agent and/or registered office address he	office address on our records, enter the name of the new re:	1 _
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	City Zip Civile	
New Registered Agent's Signature, if changing Registered Agen		
I hereby accept the appointment as registered agent and ag	ree to act in this capacity. I further agree to comply with the te performance of my duties, and I am familiar with and	

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.

the If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

D. If amending any other infor	nation, enter change(s) here: (Attach additional sheets, if	necessary.j
		<u></u>
	W.	
		17 JUL 28 AH 9: 51 01/1510H OF COMMINSTANON
		# 9. S.
		TJUL 28 AM 9: 51 OKISION OF COMMINSTANCES
	()7/06/2017	
Note: Little date resetted to l		(optional) us after filing) Pursuant to 605.0207 (3 Kb) nts. this date will not be listed as the
If the record specifies a de (b) The 90th day after the	ayed effective date, but not an effective time, at 12 record is filed.	2:01 a.m. on the earlier of:
JULY 28 Dated	2017	
- Xa	Signature of a member or adylorized representative of a member	
VANESSA MOR	ELLI, AS AUTHORIZED REPRESENTATIVE OF A MEMBER	
	Typed or printed name of signer	

Page 3 of 3

Filing Fee: \$25.00

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

Title	Name		Address	Type of Action
MGŘ	ROBER M. RICH		\$911 COLLINS AVENUE #305	
			SURFSIDE, FL 33154	Remove
				■ Chunge
MGR	ROBERT M. RICH		8911 COLLINS AVENUE #305	
			SURPSIDE, FL 33454	☐ Remove
				Change
		 -		DAdd
				□ Remove
				Change IT JUL 28 AH 9: 51
				SION OF CENTRAL PROPERTY OF LEGISLATION AND LE
				Change 5
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				□ Remove
				☐ Change
				D Add
				C Remove
				☐ Change

Page 2 of 3