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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor					
	HAVEN, 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:			
	John Troutman				
		Name of Person		-	
	WSI Rich Haven, LLC				
	<del> </del>	Firm/Company	., 4-4-	207 S.E.	
	26011 Via Viento			2021 HAR Secret	" <u>F</u>
		Address			
Mission Viejo, CA 92691				٠	
	jtroutman@richlandinvestn	City/State and Zip Code tents.com		PH 4: 55 OF STATE SEEL FL	J
	E-mail address: (	to be used for future annual repo	rt notification)		
For further information of	concerning this matter, please ca	all:			
John Troutman		949 383-41	31		
Name o	of Person	at () Area Code L	Daytime Telephone Number	<del></del>	
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	) Certified	te of Status &	
Mailing Addres Registration	Section	Street Addre Registratio	n Section		
Division of C P.O. Box 632	•		f Corporations c of Tallahassee		
1 .O. DOX 032		The Contro	O. I MITHINGSOC		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Compa</u> (A Florida Limited	i <mark>ny as it now appears on our records.</mark> Liability Company)	)
The Articles of Organization for this Limited Liability Company  Florida document number 1.17000169209	were filed on August 8, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
RICHLAND CAPITAL HOLDINGS, LLC		,, <del>,</del> ,
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	<del></del>	
Enter new mailing address, if applicable:		PH II: 55
Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	Ciţv	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

WSI DICH HAVEN LLC

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 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
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			□Remove
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e specific and cannot be	prior to date of filir	g or more than 90 days	optional) after filing.)	Pursuan	t to 605.02
		y filing requirements	s, this date	will not	be listed
date, but not an effect	ive time, at 12:01	a.m. on the earlier of	of: (b) The	e 90th d	ay after th
2021					
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	ck does not meet the a partment of State's rec date, but not an effect	ck does not meet the applicable statutor, partment of State's records.  date, but not an effective time, at 12:01	ck does not meet the applicable statutory filing requirements partment of State's records.  date, but not an effective time, at 12:01 a.m. on the earlier of	late of filing:	late of filing: