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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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DIVISIEN OF CORPORATION 27

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COVER LETTER

| TO: Registration So Division of Co | | | |
|---------------------------------------|---|--|--|
| CORTER REPAYER | OMPANY FLORIDA LLC | , | |
| | 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: | |
| | Omar M Richardson | | |
| | | Name of Person | |
| | RICH & COMPANY FLO | RIDA LLC | |
| | | Firm/Company | |
| | 14245 Alistar Manor Drive | Name of Limited Liability Company dment and fee(s) are submitted for filling. e concerning this matter to the following: mar M Richardson Name of Person CH & COMPANY FLORIDA LLC Firm/Company 245 Alistar Manor Drive Address imauma FL. 33598 City/State and Zip Code andcofl@gmail.com E-mail address: (to be used for future annual report notification) ing this matter, please call: at (| |
| | | Address | |
| | Wimauma FL, 33598 | | |
| | | City/State and Zip Code | |
| | | to be used for future annual report notif | ication) |
| For further information c | concerning this matter, please ca | all: | |
| Omar Richardson | | | |
| Name o | of Person | Area Code Daytime | : Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy | Certificate of Status & Certified Copy |
| MAIL | ING ADDRESS: | STREET/COURI | ER ADDRESS: |

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (<u>Name of the Limited Liability Compa</u> (A Florida Limited | any as it now appears on ou Liability Company) | r records.) |
|--|---|---|
| | | , |
| Florida document number L.18000047114 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designati | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | <u>c.</u> |
| (Principal office address MUST BE A STREET ADDRESS) | | · ^ ~ |
| | | |
| | | № 411 |
| Enter now mailing address if applicable | | |
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| Midding duaress WAT BE A POST OF FICE BOX) | _ | <u>~~~~~</u> |
| | | |
| registered agent and/or the new registered office address her | | records, <u>enter the name of the nev</u> |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida stree | er address |
| | | , Florida |
| | 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, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------------|---------------------------------|----------------|
| MGR | Omar M Richardson | 14245 Alistar Manor Dr. Wimauma | _ ■ Add |
| | | FL. 33598 | Remove |
| | | | ☐ Change |
| AMBR | Omar M Richardson | 14245 Alistar Manor Dr. Wimaume | ⊒ ∧dd |
| | | FL. 33598 | □ Remove |
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| ective date, if other than | the date of filing | σ. | | (optic | nnal) | |
| effective date is listed, the date | must be specific and | d cannot be prior to | | re than 90 days after | filing.) Pursuant to 6 | |
| If the date inserted in th ument's effective date on the | | | de statutory filing | requirements, this | date will not be h | sted as |
| | | | | | | |
| record specifies a dela he 90th day after the | | | an effective t | me, at 12:01 a | ı.m. on the ear | lier o |
| June, 05 | | . 2018 | | | | |
| | , | | | _ | | |
| | | | zed representative | > | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00