## 118000122245

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## **COVER LETTER**

	ration Section n of Corporations		
SUBJECT:	Filthy Rich Coc Name of Lin	OA BY I   Q G C	LLC
The enclosed Ar	ticles of Amendment and fee(s) are sub	bmitted for filing.	
Please return all	correspondence concerning this matter	r to the following:	
	Nicole	Name of Person	
	Fifty S	nades of Silv	ier, LLC.
	_10_Stor	Address	<u></u>
	- CoCoa , F. Fty Sho E-mail address:	FL 32927 City/State and Zip Code CideS OF Silver too (to be used for future annual report notion	utique gancil, com
For further infor	mation concerning this matter, please of		
Nico	Name of Person	at (321) 501 - Area Code Daytim	e Telephone Number
Enclosed is a che	eck for the following amount:		
≸ \$25.00 Filing	g Fee S30.00 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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

(Name of the Limited Liability Compa	iny as it now appears on 6d years (and the company)	and Contains
The Articles of Organization for this Limited Liability Company Florida document number <u>L180001aa245</u>	were filed on May	16 2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liable and contain the words "Limited Liabinguishable and contain the words" "Limited Liabinguishable and contain the words "Limited Liabinguishable and contain the words" "Limited Liabi	1 C	"LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		. 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, 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	David Kylin	1514 Clearlake Rd.#	149 \$ Add
		CoCoa Fl 32923	□ Remove
			☐ Change
			Remove
			Change
			Add
			Remove
			🛘 Change
<del></del>			🗆 Add
			🗆 Remove
			Change
			□ Add
			Remove
			□ Change
			O Add
			Remove
			☐ Change

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<u>e:</u> If	e date, if other than the date of filing:
	and specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier $90$ th day after the record is filed.
ed _	November 1. 2018.
	Signature of a member or authorized representative or amember

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Filing Fee: \$25.00