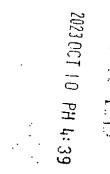


(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(======================================
(Document Number)
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10/10/23--01015--005 **25.00





COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

RICH INVI	ESTMENT GROUP, 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	ndence concerning this matter	to the following:	
	Todd M. Rich		
		Name of Person	
		Firm/Company	<u>.</u>
	3777 Pleasant Springs Dr.		
		Address	
	Naples, FL 34119		
		City/State and Zip Code	
	tmrich9@yahoo.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
N	C Donner.	at ()at Code Daytim	T.JL NL
Name o	f Person	Area Code Dayum	e Telephone Number
Enclosed is a check for th	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 Addres		Street Address:	_*:
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	-

2415 N. Monroe Street, Suite 810

Tailahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

RICH INVESTMENT GROUP, LLC

(Name of the Limi	ited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited I Florida document number L18000144311	Liability Company were filed on $\frac{0}{2}$	6/11/2018	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company l	<u>1ere</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address. Name of New Registered Agent:	registered office address on our ess here:	records, enter the name of	the new registered
New Registered Office Address:	3777 Pleasant Springs Dr.	orida street address	
	Naples	, Florida 34119 Z	
	City	2	ip Code
New Registered Agent's Signature, if changing			
I hereby accept the appointment as register	ed agent and agree to act in this	s capacity. I further agree t	o 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>	Name	Address	Type of Action
			□Add
		□Remove	
			□ Change
			□Add
			□Remove
			□Change
	 		
		□Remove	
			□Change
			□Remove
			☐ Change
		<u> </u>	□Add
		□Remove	
			□ Change
 -			
			□Remove
			Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Typed of printed name of signee