L18000169425

(Reque	estor's Name)	
(Addre	ss)	
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(City/S	tate/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Nar	ne)
(Docur	ment Number)	
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C. GOLDEN MAY 1 7 2019

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Riche Nich	ne, Marketing A ited Liability Company	gency LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Elizabet	h Rumph	·
	Riche M	Jiche Marketin	g Agency LLC
	1240 Pan	ana Drive	
	Sarpsota	FL 34234 City/State and Zip Code	
		Lizaboth a ya	hoo. Com
For further information c	oncerning this matter, please ca	all:	
Elizabeth Name o	Rungh f Person	at (305) 778 Area Code Daytime	- 8710 Telephone Number
Enclosed is a check for the	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 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 OF

Liche Niche		ency LLC
	ity Company as it now appears on our records. la Limited Liability Company)) 0
The Articles of Organization for this Limited Liability (Florida document number <u>L_18000169425</u>	Company were filed on $\frac{7/13/18}{5}$.	and assigned
This amendment is submitted to amend the following:		0
A. If amending name, enter the new name of the lim ER Holdings Group, The new name must be distinguishable and contain the words "Lin	\ \ C	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD)	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi registered agent and/or the new registered office ado		enter the name of the new
Name of New Registered Agent:	·	
New Registered Office Address:	Enter Florida street address	
	, Flor	
	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
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an effe l <mark>ote:</mark>	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated _	
	Signature of a member or authorized representative of a member
	Elizabeth Runch Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00