L190000 30398

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations			
SUBJECT:		riched Data	LLC
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
		rick Conness Name of Person	
	Florida tr	nriched Data, (<u>.L.C.</u>
		20th Terrace	
		uderdale FL 3 City/State and Zip Code	
	E-mail address: (1	onness 15 @ am to be used for future annual Cort no	otification)
For further information cor	ncerning this matter, please ca	all:	
Patrick	Conness	at (954) 600 Area Code Dayti	0 - 3664
Name of I	Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	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 Se Division of Co P.O. Box 6327	ection rporations	Street Address: Registration S Division of Co The Centre of	orporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Lia	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L1900030398</u>	were filed on $\frac{1}{29}/2019$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	lity company here:
Enriched Technologies The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2020 HAR SECALLA
Enter new mailing address, if applicable:	AR 23
Mailing address MAY BE A POST OFFICE BOX)	Ser Par III
ATTIMING MALITY DE 711 VOT OTTTOE BONY	8: U
3. If amending the registered agent and/or registered office adgent and/or the new registered office address here:	diress on our records. enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent	City Zip Code
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as propeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action **Title** Name | **Address** □Add □Remove Change \square Add □Remove □ Change \Box Add Remove □ Change □Add □Remove □ Change □Remove □ Change □Add Remove

□ Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
(If an effect Note: If	date, if other than the date of filing:
ne record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	3/20/20
	Just James J
	Signature of a member or authorized representative of a member
	Patrick Conness Typed or printed name of signee