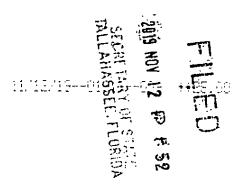
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COVER LETTER __

TO:		istration Sect ision of Corpe				
		RICH&LMN	LLC			
SUBJ.	ECT:	Name of Linuted Liability Company				
The er	iclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please	return	all correspond	lence concerning this matter	to the following:		
			ROGER IVAN CLAROS I	HINOJOSA		
				Name of Person		
Firm/Company						
				Address	 	
			NAPLES, FL 34119			
				City/State and Zip Code		
			E-mail address: (i	to be used for future annual report	notification)	
For fu	rther in	formation con	cerning this matter, please ca	all:		
ROGE	ER IVA	N CLAROS I	HINOJOSA	786 at ()	380-5672	
		Name of F	Person		ytime Telephone Number	
Enclos	sed is a	check for the	following amount:			
国 S2	5.00 F	iling 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

FILED

RICH&LMN LLC (Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company) SECRETARY OF STATE The Articles of Organization for this Limited Liability Company were filed on JULY 29, 2013 AHASSUE FLORIDA and assigned Florida document number L19000193307 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NOT APPLIED The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 56 SILVER OAKS CIR APT 14102 NAPLES, FL 34119 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) NOT APPLIED Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. 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: NOT APPLIED Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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	ROGER IVAN CLAROS HINOJOSA	56 SILVER OAKS CIR APT	
		14102 NAPLES, FL 34119	Add
			□ Remove
			□ Add
			☐ Remove
			Change
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fan effec <u>Note:</u> Ti	re 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 90th day after the record is filed.
ated _	
	Signature of a member or authorized tarrivernative of a membe:

Page 3 of 3

Filing Fee: \$25.00