L19000207492

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600354770606

11/12/20--01010--000 **25.00

2023 HOV 12 PM 4: 07
SESSIC ARY OF SOME

O SIMMONS DEC 1 6 2020

COVER LETTER

	gistration Se vision of Cor			•
SUBJECT:	TROY & R	ENEE RISCH LLC		
SOBJECT	·	Name of Lin	nted Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	indence concerning this matter	to the following:	
		DANIELLE ELLIOTT		
			Name of Person	
		MAXSON TAX SERVICE	ES	
			Firm/Company	·
		10879 NORTH US HWY	301 SUITE 4	
Address				
		OXFORD, FLORIDA 344	84	
			City/State and Zip Code	
		DANIELLE@MAXSONTA		
			to be used for future annual report note	ligation)
For further i		oncerning this matter, please c	all:	
DANIELLE	(محل	riell Elliott	352 399-0842 at ()	
	Name of	f Person	Area Code Daytime	e Telephone Number
Enclosed is:	a check for th	e following amount:		
≡ \$25.00		□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Address gistration S		Street Address: Registration Sec	ction
Di	vision of C	orporations	Division of Con	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 NOV 12 PM 4: 07

TROY & RENEE RISCHILLC

E RISCH LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

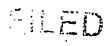
The Articles of Organization for this Limited Liability O	Company were filed on 07/30/2020	and assigned
Florida document number L19000207492	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
TROY H. RISCH LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	·	
No.		
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	d office address on our records, <u>emi</u>	
New Registered Office Address:		
	Emer Florida street addi	A21
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registere	d Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my duties, gent as provided for in Chapter 609 ed office address, I hereby confirm t	and I am familiar with and 5. 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 added or removed from our records:

MGR =	Manager	

AMBR = Authorized Member



<u>Title</u>	<u>Name</u>	Address	2023 NOV 12 PM 4: 07	Type of Action
			STEAL LAR WESTATE	JAdd
				□Remove
				□Remove
				□Add
				□Remove
				□Change
				□ Add
				□Remove
]Change
				□Remove
	,			□Remove
				□Change

FILED JULY 30, 2020. NEW N	SAME CHANGE BACK TO ORIC	JINAL 2023 HOV LZS PH L: 07
AT THIS TIME.		SECREMATION STATE TALLAHASSEE, FL
		·
	· ·	
<u> </u>		
•		
		<u> </u>
	11/64/0020	
ctive date, if other than the da	le of filing:	(optional) iling or more than 90 days after filing.) Pursuant to 605.0
If the date inserted in this block	does not meet the applicable statut	tory filing requirements, this date will not be listed
iment's effective date on the Depai	ment of State's records.	
ord specifies a delayed effective da	te but not an effective time at 12:	
filed.		
NOVEMBER 5	2020	
()	<u></u> .	
		

Filing Fee: \$25.00