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## **COVER LETTER**

TO: Registration Se Division of Cor					
SUBJECT:	Rich Inves	Tments, LLC nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	CATHERINE LLARENA	A-RODRIGUEZ			
	Bich 7	Name of Person  Nustments, LLC  Firm/Company			
	MIAMI, FL 33134	Address			
	CATHERINELLARENA			a	
	E-mail address: (	to be used for future annual report notification	)	23	2 (2) 2 (2) 3 (2)
For further information c	oncerning this matter, please c	all:		55 55	ಸಾಗೌ ಲವ
CATHERINE LLAREN	NA-RODRIGUEZ	305 318-8417		Ó	100 H
Name o	f Person	at ()	hone Number	PK 2: 28	OF STATE
Enclosed is a check for the	ne following amount:				T.
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	3 \$60.00 Filing Fed Certificate of St Certified Copy (additional copy is e	tatus &	

TO:

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kich to	ustments L	10	9 13 Oct
(Name of the Limited Lia (A Flo	bility Company as it now appears rida Limited Liability Company)	s on our records.)	- 2 4 6 C
The Articles of Organization for this Limited Liability Florida document number <u>L 200000/90</u> 2	y Company were filed on	01/13/2020	and assigned
This amendment is submitted to amend the following	:		
A. If amending name, <u>enter the new name of the l</u>	imited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "I	imited Liability Company," the de	signation "LLC" or the abbrevia	ntion "L.I.,C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			<del>-</del>
3. If amending the registered agent and/or registe agent and/or the new registered office address here	red office address on our re <u>e</u> :	cords, <u>enter the name of t</u>	he new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	da street address	
		, Florida	
	City	Zij	n 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
MGR	ISRAELT. RODRIGUEZ	11 SW 39TH CT	<del></del>
<del></del>			□Add
		MIAMI, FL 33134	■Remove
			□Add
			□Remove
		□Change	
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ective effec	e date, if other than the date of filing:
<u>te:</u> If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
umen	t's effective date on the Department of State's records.
cord s s tilec	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
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ed	March 3 2020
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	At mining.
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	Signature of a member of authorized representative of a member