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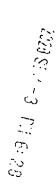
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## **COVER LETTER**

TO:

P.O. Box 6327

Tallahassee, FL 32314

	Registration Se Division of Cor						
SUBJEC		RICHWILL HOLDINGS LLC					
SUBJEC		Name of Limited Liability Company					
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please ret	turn all correspo	indence concerning this matter	to the following:				
		Michael Keith Rowley					
			Name of Person				
			Firm/Company				
		262 S INDIANA AVE					
			Address				
		ENGLEWOOD, FL 34223					
		City/State and Zip Code					
		mark@markknaufcpa.com					
For furthe	er information c	e-man address: (	to be used for future annual report of all:	notification)			
M Keith		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	941 809-1106	;			
	Name o	f Person	at () Area Code Day	time Telephone Number			
Enclosed	is a check for the	ne following amount:					
■ \$25.0	00 Filing Fee	S30.00 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 Addres Registration S		Street Address Registration				
	Division of C		Division of C				

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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RICHWILL HOLDINGS LLC		
(Name of the Limited I (A.I.	Liability Company as it now appears on our records Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	lity Company were filed on 01/30/2020	and assigned
Florida document number L20000030436		
his amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	x)	
	<del></del>	
		<u></u>
B. If amending the registered agent and/or regis		the name of the new regist
gent and/or the new registered office address h	<u>ere</u> :	
Name of New Parket 14		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	,	rida
	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

2000 SEY - 3 PM 6: 28

<u>Title</u>	<u>Name</u>	4.13 52	Type of Action
MGR	M Keith Rowley	262 S INDIANA AVE ENGLEWOOD, FL 34223	□Add
			Remove
			□Change
AMBR	Michael Keith Rowley	262 S INDIANA AVE ENGLEWOOD, FL 34223	<b>=</b> Add
			□ Remove
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			□Add
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		$\alpha$	23/2,20 (OF		
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te: If the date inserted in this blocument's effective date on the De	ck does not meet the a partment of State's rec	pplicable statutory fords.	filing requirements, I	his date will not	be listed as
ecord specifies a delayed effective is filed.	date, but not an effect	ive time, at 12:01 a.	m. on the earlier of:	(b) The 90th da	y after the
ted August 28	2020				
	10/1	· ·			
		/			
Mi	Signature of a member or	authorized represents	itive of a member		
Michael Keith Rowley	Signature of a member or	authorized represents	tive of a member		_

. . . . .

Filing Fee: \$25.00