## 120000068043

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## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Corporations			
SUBJECT: <u>Sm</u>	NAME OF LIN	inding LLC	
	Name of Lin	nited Liab hity Company	
The enclosed Articles	of Amendment and fee(s) are sul	buitted for filing.	
Please return all corres	spondence concerning this matter	r to the following:	
	Ric	halson Lais Name of Person	
	Smic	K Snecks Verding Firm/Company	LLC
		26 Cury Ford Rock	Site 107_
		and FL 32825 City/State and Zip Code	<del> </del>
	Loisac E-mail address: (	harsone vanoo.com to be used for future annual report not	fication)
For further information	concerning this matter, please c	all:	
Richarson	n Louis of Person	at ( <u>561</u> ) <u>546 - Area Code</u> Daytim	1426 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)
	Section Corporations	Street Address: Registration Sec Division of Cor	
P.O. Box 63	327	The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>12000068043</u>	Company were filed on Match 02, 2020. and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The Rich Company LLC	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 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
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			□Remove
			□ Change
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(If an effec Note: It	e date, if other than the date of filing:
he record : ord is 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 the l.
Dated	Signature of a member or authorized representative of a member
	Richarson Lous  Typed or printed name of signee