## LZO OOO IZICOZ

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

| TO: Registration Sec<br>Division of Corp |   |   |   |
|--|---|---|---|
| SUBJECT:R                                | anhard LLC                                      |   |   |
| SUBJECT:                                 | anhard LLC<br>Name of Limi                      | ted Liability Company   |   |
|  |   |   |   |
| The enclosed Articles of a               | Amendment and fee(s) are sub                    | mitted for filing.  |   |
| Please return all correspo               | ndence concerning this matter                   | to the following  |   |
|  | Lockw   | Name of Person  |   |
|  | Rian  | hard LLC  |   |
|  |   | Simber Ridge Trail  |   |
|  | 7,500   | Address   |   |
|  | Vero B  | each FL 3296<br>City/State and Zip Code                                   | 52  |
|  |   | to be used for future annual report non                                   |   |
| For further information e                | oncerning this matter, please ca                |   |   |
| Lockwood                                 | Rianhard  | at ( <u>772</u> ) <u>562</u><br>Area Code Daytin                          | -9734   |
| Name o                                   | f Person  | Area Code Dayin   | te Telephone Number   |
| Enclosed is a check for the              | ne following amount:                            |   |   |
| □ \$25.00 Filing Fee                     | ☐ \$30,00 Filing Fee &<br>Certificate of Status | □ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ★ \$60,00 Filing Fee.  Certificate of Status &  Certified Copy  (additional copy is enclosed) |
| Mailing Addres                           |   | <u>Street Address:</u><br>Registration Sc                                 | ection  |

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Rionhard LLC   |   |   | <del></del>                        |
|--|---|---|------------------------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited I   | nv as it now appears or<br>aability Company)                      | i our reçords.)                                 |                                    |
| The Articles of Organization for this Limited Liability Company Florida document number \(\frac{L20000/21002}{}{}\). 90  | were filed on <u>4</u><br>03440244                                | May 2020<br>179                                 | _ and assigned                     |
| This amendment is submitted to amend the following:  |   |   |                                    |
| A. If amending name, enter the new name of the limited liab  | ility company here:   |   |                                    |
| The new name must be distinguishable and contain the words "Limited Liabil   | ity Company," the desig   | nation "LLC" or the abbre                       | viation "L.L.C."                   |
| Enter new principal offices address, if applicable:  |   |   |                                    |
| (Principal office address MUST BE A STREET ADDRESS)  |   |   |                                    |
|  |   |   | 000                                |
|  |   |   | 4                                  |
| Enter new mailing address, if applicable:  |   |   | - Triange                          |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |   | .— <del></del>                     |
|  |   | <del> </del>                                    | <u> </u>                           |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:   |   |   | of the new registered              |
|  | Enter Florida   | street address                                  |                                    |
|  | Z 12m.  | Florida   | Zin Cook                           |
| and the second second second second  | City  |   | 7.7p C 1.11                        |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change. | ee to act in this cap<br>performance of my<br>provided for in Cha | e duties, and Lam fan<br>upter 605, F.S. Or. if | mitar with and<br>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> | Name              | <u>Address</u>              | Type of Action |
|--------------|-------------------|-----------------------------|----------------|
| MGR          | Lockwood Rianhard | 723-B Timber Ridge Trail SW | <b>%</b> Add   |
|              |                   | Vero Beach, FL 32962        | □Remove        |
|              |                   |                             | □Change        |
|              |                   |                             | DAdd           |
|              |                   |                             | □Remove        |
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| -                           |   |
|-----------------------------|---|
|                             |   |
| Note: If                    | date, if other than the date of filing:   |
| ne record s<br>ord is filed | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated                       | 9 Oct 2020 2020   |
|                             | Joekwood Rianhand Signature of a member or authorized representative of a member  |
|                             | Lockwood Rianhard Typed or printed name of signee   |

Filing Fee: \$25.00