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A. BUTLER

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Ad to Riches	s Rentals	
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Dimiter Lu	mage Hame of Person	
	LLC		
		Firm/Company	
	2423 SW 14	14 Ave # 809 Address	
	Miami FL	33185	
	infoeroadto E-mail address: (1	City/State and Zip Code riches. rentals o be used for future annual report notif	fication)
For further information co	oncerning this matter, please ca	ill:	
Dimitri Lin	Person	at (756) 567 &	2467 e Telephone Number
Enclosed is a check for th			
S25.00 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)

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

(Name of the Limited Liability C	Company as it now appears on	o procede	
(<u>Name of the Limited Liability C</u> (A Florida Lir	mited Liability Company)	rar records.	ε π
The Articles of Organization for this Limited Liability Com	pany were filed on	1/2010	and assigned
Florida document number <u>L2000 (8600)</u> .	· ,		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designa	ation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our record	is, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida sti	reet 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
AMBR	Rosemita Sincere	6394 Emerald Dunes Or	🔽 Add
	·	Apt 205 West Palm Beach	□Remove
		FL, 33411	□Change
			□Add
			□Remove
			©Change
			□ Add
		 	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

E. Effective date, if other than the date of filing: (If an effective date is issed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) Nate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated December 15, 322.	<u></u>	Mense make hosemita Sincere 25% surer
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	Dated	December 15. 2021.
Signature of a member or authorized representative of a member		Signature of a member or authorized representative of a member
Dinitri Limage Typed or printed name of signee		Oinita Limage