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| (Requestor's Name) |
|---|
| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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Y. SCOTT DEC - 4 2021

COVER LETTER

| TO: Registration Division of C | | | |
|-------------------------------------|--|---|--|
| | UNCIL CONGLOMERATE LL | С | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles of | of Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corresp | pondence concerning this matter | to the following: | |
| | Corey Bray | | |
| | | Name of Person | |
| | LegalNature LLC | | · · · · · · · · · · · · · · · · · · · |
| | · · · · · · · · · · · · · · · · · · · | Firm/Company | 1021 N |
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| | | Address | |
| | Dover, DE 19901 | | 2021 NOV 17 PM 2: 09 |
| | | City/State and Zip Code | |
| | 5b373e8b9672-formation@ | | |
| For further information | t-mail address: (| to be used for future annual report notific | ation) |
| Corey Bray | concerning this matter, prease c | 888 881-1139 | |
| | | at () | |
| Name | of Person | Area Code Daytime | Celephone 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) |
| <u>Mailing Addr</u> Registration | | <u>Street Address:</u> Registration Sect | ion |
| Division of | Corporations | Division of Corpo | orations |
| P.O. Box 63 | | The Centre of Ta | |
| Tallahassee | , rl 32314 | 2415 N. Monroe | Street, Suite 810 |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| THE COUNCIL CONGLOMERATE I | LLC | | | | | |
|--|---|---|-----------------|--|--|--|
| (Name of the Limited I | Jability Compa Florida Limited | ns as it now appears on our liability Company) | records.) | | | |
| The Articles of Organization for this Limited Liability Company were filed on 07/14/2020 Florida document number 1.20000204028 | | | | and assigned | | |
| This amendment is submitted to amend the following | ng: | | | | | |
| A. If amending name, enter the new name of th | e limited liab | ifity company here: | | ·- ~ | | |
| RICH KIDZ BIZ LLC | | | | 021 | | |
| The new name must be distinguishable and contain the words | "Limited Liabi | lity Company," the designation | "LLC" or the ab | breviation "L.E.6." | | |
| Enter new principal offices address, if applicable | e: | N/A | | | | |
| (Principal office address MUST BE A STREET A | | | | | | |
| | | | | THE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I | | |
| | | | | 175 ST | | |
| Enter new mailing address, if applicable: | | N/A | | 11. 19 | | |
| (Mailing address MAY BE A POST OFFICE BO | <u>X)</u> | | | | | |
| | | | - | | | |
| B. If amending the registered agent and/or regis | stered office a e <u>re</u> : | iddress on our records, <u>c</u> | enter the nam | e of the new registered | | |
| Name of New Registered Agent: | N/A | | | | | |
| New Registered Office Address: | | | | | | |
| | | Enter Florida street (| uddress | | | |
| _ | | | | | | |
| · | _ | Cay | _, Florida | Zip Code | | |
| New Registered Agent's Signature, if changing Regis | stered Agent: | | | | | |
| I hereby accept the appointment as registered ay provisions of all statutes relative to the proper a accept the obligations of my position as registered being filed to marchy rathers a charge in the | na comptete _i ed agent as p | performance of my dutic rovided for in Chapter (| w and I am t | $\dots : H : \mathbb{R} \to \mathbb{R}$ | | |

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

| Title | <u>Name</u> | Address | Type of Action |
|----------------|-------------|---------|----------------|
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| ective date, if other than th | | | | | | 1 | 5 |
| effective date is listed, the date m | ust he specific and a | commat ha ociae co | date of filing o | | (optional) Safter filion ! | Purament to | O .605.0207.43 |
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| and the distance of the first the fi | repartment of St | ate s records. | | | | | |
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| cord specifies a delayed effecti filled, | ve date, but not a | m checuve um | ic. at 12:01 a.i | n, on the earlier | of: (b) The | e 90th day i | after the |
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| Comer | Commin |) | | | | | |
| - U | Signature of a me | ember or authori | zed representat | ive of a member | | | - |
| | | | | | | | |

Filing Fee: \$25.00