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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJEC	CT: Richards Property Monagement LLC Name of Limited Liability Company
	Name of Limited Liability Company
The encl	osed Articles of Amendment and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	Wesley Richards Name of Person
	Richards Property Management LLC
	8204 SW 12 Place
	North Lauderdale, FL 33068 City/State and Zip Code
For furth	E-mail address: (to be used for future annual report notification) ner information concerning this matter, please call:
	Wesley Richards at (954) 605-2228 Name of Person Area Code Daytime Telephone Number
Enclosed	s is a check for the following amount:
≅ \$25.	00 Filing Fee
	Mailing Address: Registration Section Rivinion of Comparations Street Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Kichards Property	Monagement L	LC
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our recomited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Con Florida document number <u>∠ 21∞∞ 84943</u> .	npany were filed on <i>OI 27 </i>	2021 and assigned
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	1 Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	 	
(Principal office address MUST BE A STREET ADDRES	<u>S.S)</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 records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		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 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>	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	Samiyah Rose Stephenson	2651 NW 48 Street Landerhill, FL 33351	X Add
			□Remove
	0		□Change
AMBR	Raeloni Richards	7131 NW 45 Street	□Add
		Lauderhill, FL 33319	□Remove
			Change
	 		, □Add
			□Remove
			□Change
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			□Remove
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. It amer	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	re date, if other than the date of filing:
Note: 1	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that it's effective date on the Department of State's records.
the record ord is file	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 d.
Dated _	May 18 2021
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

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