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SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor			
	TOOLS & SUPPLIES LLC		* *
SUBJECT:	Name of Lim	nited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	DASHIA CARAWAY		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	RICHWAY TOOLS & SU	JPPLIES LLC	
		Firm/Company	
	12223 S RURAL TERRA	CE	
		Address	
	FLORAL CITY		
		City/State and Zip Code	
	FL, 34436	to be used for future annual report no	tification)
For further information of	oncerning this matter, please c		nnicationy
		at ()	-
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne 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)
Mailing Address Registration 9 Division of C P.O. Box 632	Section Corporations	Street Address: Registration S Division of Co The Centre of	orporations Tallahassee
Tallahassee, FL 32314		2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RICHWAY TOOLS & SUPPLIES, I		
(<u>Name of the Limite</u> (d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia		and assigned
Florida document number L2100107939	_ ·	
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
		2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	AN SE
		23 - :
		YS. II.
	gistered office address on our records, <u>enter th</u>	e name of the new registere
agent and/or the new registered office address	s here:	STA F
		TE 2
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Flor	ida
	City , Flor	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 adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LOUIS RICH	12223 S RURAL TERRACE	■Add
		FLORAL CITY, FL 34436	□ Remove
			Change
MGR	ANDREW T. CARAWAY	12223 S RURAL TERRACE	🖹 Add
		FLORAL CITY, FL 34436	□Remove
			Change
			□ Add
			□Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
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			□Remove
			Change
			□Add
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ective date, if other than the date of effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Department's	e specific and cannot be prior to cook does not meet the applicable	date of filing or more than 90 e statutory filing requires	(optional)) days after filing.) Pursuant to nents, this date will not be	505.020 listed as
cord specifies a delayed effective d	ate, but not an effective time	e, at 12:01 a.m. on the ear	lier of: (b) The 90th day a	fter the
ed	2022			
Mah	gnature of a member or authoriz	ed representative of a mem	ber	
1	1			