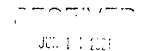
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(Requestor's Name)
(Address)
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(Business Entity Name)
(Document Number)
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7/13/21



COVER LETTER

TO:	Registration Se Division of Cor			
	Richard Lu	xuries LLC		
SUBJE	CT:		w.e. = , e	
		Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	indence concerning this matter	to the following:	
		Dorothic Smith, Esq.		
			Name of Person	
		IPS Legal Group, P.A.		
		•	Firm/Company	
		555 Marsh Reed, Dr.		
			Address	
		Winter Garden/ Florida 34	787	
		dlsmith@ipslegalgroup.com	City/State and Zip Code	
			to be used for future annual report notif	iostuan)
				(Cattor)
For furth Dorothi		oncerning this matter, please ea		
Doromi	e Smith		863 874-0523	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	d is a check for th	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 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

Richard Luxuries LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number 1.21000108156	ny were filed on March 5, 2021	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited li-	ibility company here:	
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LEC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Inter new mailing address, if applicable:		**************************************
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, <u>enter the nan</u>	ne of the new registe
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	# (
	Florida	
	Cuy	Zip Code
ew Registered Agent's Signature, if changing Registered Agen	t;	~ ° °

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AR	IPS Legal Group, P.A.	1951 NW 71'H Ave Suite 600 Miami, FL 33136	
			□Add
			Remove
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Effective date, i	if other than the date of filing: (optional)	
t'an effective date i Note: If the date	is listed, the date must be specific and cannot be prior to date of liling or more than 90 days after filing.) Pursuant to a inscribed in this block does not meet the applicable statutory tiling requirements, this date will not be	o 605,0207 e listed as
document's effec	tive date on the Department of State's records.	o nated ter
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
d is filed.		
April 27	2020	
Dated		70,74
	().	بر زب
		• •
	if other than the date of filing:	- 5