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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	David Richards	on Associates LLC					
30b/LC1	Name of Lin	nited Liability Company					
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.					
Please return all corre	spondence concerning this matter	to the following:					
		David Richardson					
		Name of Person					
		David Richardson Associates LLC					
		Firm/Company					
		212 Sand Bar Lane					
		Address					
Daytona Beach, FL 32124							
		City/State and Zip Code					
	davidri	ichardsonassociates@aol.com					
	E-mail address: (to be used for future annual report noti	fication)				
For further information	on concerning this matter, please c	all:					
David	Richardson	386 289-1325					
Name of Person		at () Area Code Daytim	e Telephone Number				
Enclosed is a check fi	or the following amount:						
■ \$25.00 Filing Fee	S30,00 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)				
P.O. Box 6	on Section f Corporations	Street Address: Registration Section of Coron The Centre of To 2415 N. Monro Tallahassee, FL	porations Fallahassee e Street, Suite 810				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

David Richardson Associates LLC	
(Name of the Limited Liability Company as it now appears on our r (A Florida Limited Liability Company)	ecords.)
ne Articles of Organization for this Limited Liability Company were filed on04/08/20	21 and assigned
orida document number	
is amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company here:	
new name must be distinguishable and contain the words "Limited Liability Company." the designation	"LLC" or the abbreviation "L.L.C."
ter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	
iter new mailing address, if applicable:	
ailing address MAY BE A POST OFFICE BOX)	, _,
If amending the registered agent and/or registered office address on our records, e	nter the name of the new registe
ent and/or the new registered office address here:	. 120
	<u></u>
Name of New Registered Agent:	, . :
New Registered Office Address:	-0
Enter Florida street a	address
	Florida
City	_, Florida 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
MGR	David Richardson	212 Sand Bar Lane, Daytona Beach, FL 32124	≅ Add
			□Remove
			□Change
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			□Remove
			□Change
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f an effect <u>Note:</u> If	tive date is listed, (the date inserted	than the date the date must be sp d in this block do e on the Departs	ecific and car ses not meet	t the applical	date of filing the statutory i	or more than 9 filing require	(option to days after firments, this continued to the con	ling.) Pursuant t	o 605.0207 e listed as
record s d is filed	specifies a delay l.	ed effective date	, but not an	effective tim	ie, at 12:01 a.	.m. on the ea	rlier of: (b)	The 90th day	after the
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			от а теп	ioci or auinofi	zed representa	uive of a mem	DCT		
			Pa	atricia Richa	rdson				