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COVER LETTER

Division of Corp			
SUBJECT: RICH	3 JARY EN	ited Liability Company	-e
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	RIENAN	Name of Person	
		Name of Person	
	RIEWZJA	-ry enterprise	= 5 LC
		Firm/Company	
	12136 LED	Bury commons	DR.
		City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	
	·	City/State and Zip Code	
	RICHCOLAZ	o@ RJC-enteri	PRISON, COM
	E-mail address: (to be used for future annual report notification	on)
For further information co	oncerning this matter, please ca		
Richart	courso	at (813) CGT -C	7492
Name of	Person	Area Code Daytime Tele	phone Number
Tinnlosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	360.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

RICH&JARY EN	TERPRISE'S LLC	Fig.: 3
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears (ted Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Comp	any were filed on <u>\\</u>	13 2021 and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here	
he new name must be distinguishable and contain the words "Limited L	iability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ice address on our rec	ords, <u>enter the name of the new registe</u>
Name of New Registered Agent:	 	
New Registered Office Address:		
	Enter Florida	a street address
	City	, Florida
	City	гір Coae

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Richardo comazo	12134 LOOBURY COMMONS OF GIBSON+ON, FL. 33531	≥ } ≯ ≾Add
			🗆 Remove
		- Land Courses 5	□Change
AMBR	Jahayra collass	12136 6000000 COMMONS 6 618500+ON, FL. 33534	□Add
			□Remove
			Change
			□Add
			□ Remove
			□Change
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Effecti	ve date, if other than the date of filing: 4 14 22 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as an ent's effective date on the Department of State's records.
he record ord is file	I 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 ed.
Dated_	AUGUST 110 . 2021.
	X = X = X = X = X = X = X = X = X = X =

Filing Fee: \$25.00

Typed or printed name of signee