h21000398621

(R	equestor's Name)		
(A	ddress)		
(A	ddress)		
(C	ity/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(B	usiness Entity Nar	me)	
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to	Filing Officer:		
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2022 AUG - 1 AM 8: 31

SEE FL

COVER LETTER

Division of Cor	porations	•	
SUBJECT: Rich	ibtchbody U	<u>C</u>	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	<u>-</u>	
Trease retain an concespo	machee concerning into maner	to the following.	
	Amondrea	Harrell	
		Name of Person	
		Firm/Company	
	<u>Veffner</u>	Oaks Sq.	
		Address	
	Setfner	F1 33584 City/State and Zip Code	
	110 10 .	Chyrsiate and hip code	
	E-mail aldress: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	•
Amondrea	Harrell	at (813) 764-	6035
Name o	f Person	Area Code Naytim	e 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)	S60.00 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee



2022 AUG - 1 PM 12: 19

July 11, 2022

AMONDREA HARRELL 630 GARDEN OAKS SQUARE SEFFNER, FL 33584

SUBJECT: RICHBTCHBODY LLC Ref. Number: L21000398621

We have received your document for RICHBTCHBODY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

I AM ENCLOSING PAGE TWO OF THE AMENDMENT FORM. THE PAGE MUST BE SIGNED AND RESENT. IT IS A REQUIRED PAGE. I AM ENCLOSING THIS PAGE ONLY. I HAVE RETAINED PAGE 1.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 522A00015389

Neysa Culligan Regulatory Specialist III

ARTICLES OF AMENDMENT TO . ARTICLES OF ORGANIZATION OF

FILED

2022 AUG - 1 AM 8: 38

Zip Code

(Name of the Limited Liability Compan-	SELECTARY OF STAFE y as it now appears on our records. TALL AHASSEE, FL
The Articles of Organization for this Limited Liability Company v Florida document number 121000398621	S -1 1 0401
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability and boutique LI The new name must be distinguishable and contain the words Limited Liability	<u>'C</u>
Enter new principal offices address, if applicable:	y Company. the designation 1252 of the above Gation 1252.
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

New Registered Agent's Signature, if changing Registered Agent:

Dishbtchhad, 110

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.

City

11 0

If amending Authorized Person stautherized to manage, enter the fifle, name, and address of each person, being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
	<u> </u>		N.J.
		<u> </u>	Remove
			Z. Change
			_ LAdd
			□Remove
			_ D'Change
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Typed or printed name of signee