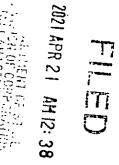


(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Name was find in error.
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4/21

Office Use Only





COVER LETTER

COVER LETTER		
TO: Registration Section Division of Corporations SUBJECT:		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Name of Person Really Rich CLC Firm/Company 21218 St Andrews Blvd #744 Address Boca Raton FL 33433 City/State and Zip Code 10cid/reams LLC @ gmail. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Nolasco Pena at 305 Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$certificate of Status & \Bigcup \$certificate of Status & \Bigcu		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

Really Rich LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 3/3/27 and assigned Florida document number <u>L22 000110203</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Never Broke Again LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
MANUEL MA
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:
New Registered Office Address:
Enter Florido street address
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 Registerest Agent
Page 1 of 3

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 _D Add __ Remove __ Change _D Add _□ Remove _ Change _D Add _ Remove _C Add _□ Remove _□ Change DbA 🗖 _□ Remove □ Change

Page 2 of 3

). If amen	ling any other information, enter change(s) here: (Attach additional sheets, if necessor	rry.)
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Effective	date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing	
Note: If	ive date is listed, the date must be specific and earnot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this date t's effective date on the Department of State's records.	will not be listed as the
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. Oth day after the record is filed.	on the earlier of:
, 1116 3	11/6/	
Dated	9/5/22	
		~
	Signature of a member or authorized representative of a member	202
	Dominic Figueroa Typed or printed name of signer	2021 APR 21
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	Page 3 of 3	MH 72: 38
	Filing Fee: \$25.00	္ မ
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