422000167271

(Re	equestor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Ви	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



100389729481

06/22/22--01014--017 **25.00

2022 JUN 22 PM 12: 31

COVER LETTER

TO:		tration Sect on of Corp				
0110.15	R	ichey Rich	Group LLC		* 0	•
SUBJE	CT: _		Name of Limi	ted Liability Company		
The enc	losed A	Articles of A	mendment and fee(s) are subt	mitted for filing.		
Please r	eturn a	ll correspon	dence concerning this matter t	to the following:		
			April L. Richey			
				Name of Person		_
			Richey Rich Group LLC			
			Firm/Company			
			3739 Moon Dancer Place			
				Address	-	
			Saint Cloud, FL. 34772			
				City/State and Zip Code		_
			RICHEYRICHGROUP@GI	MAIL.COM to be used for future annual repor	t natification)	
For furt	her infe	ormation co	ncerning this matter, please ca		r notification)	
April L. Richey				407 883-355		
		Name of	Person	Area Code Di	aytime Telephone Numb	er
Enclose	d is a c	heck for the	following amount:			
■ \$25	5.00 Fil	ing Fec	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)) Certifie	ate of Status &

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

FILED 2022 JUN 22 PH 12: 32

Richev Rich Group 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 $\frac{4/7/2022}{1}$ and assigned Florida document number L22000167271 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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) 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 Florida 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.

. Florida ___

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	April L. Richey	3739 Moon Dancer Place, St. Cloud, FL 34772	= Add
			□Remove
			□Change
AR	Jeffrey W. Richey		□Add
		3739 Moon Dancer Place, St. Cloud, FL 34772	\exists Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			Remove
			□Change
			□Add
			□Remove
			□Change

			<u> </u>			
		-			 	
						
						
				-		
						
		<u> </u>		 -		
		.	<u> </u>			
					Si.v	2022
			<u> </u>		1	X UC
		<u></u>			75.7	-22
					<u> </u>	
					$\mathbb{T}_{\mathcal{C}}$	PH 12
					- 	32
		_ 	<u>. </u>	<u> </u>		_
						
fective date, if other than the un effective date is listed, the date muote: If the date inserted in this becument's effective date on the Γ	st be specific and cannot l lock does not meet the	applicable sta	filing or more the autory filing requ	(option in 90 days after fil direments, this d	ing.) Pursua	nt to 605. t be liste
record specifies a delayed effecti is filed.	e date, but not an effe	ctive time, at 1	2:01 a.m. on the	earlier of: (b)	The 90th o	lay after
ated 14 June	2022					
ated		· ·				
_ Opin						

Filing Fee: \$25.00