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2022 SEP 26 PM 2: 18 SECRETARY OF STATE TALLAHASSEF

COVER LETTER

Registration Section Division of Corporations

TO:

Kamille L. SUBJECT:	Richards LLC						
SUBJECT:	Name of Lim						
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspo	endence concerning this matter	to the following:					
	Kamille L. Richards						
		Name of Person					
	Kamille L. Richards LLC						
		Firm/Company					
	9797 Oak Crest Rd						
		Address	· <u> </u>	ω ≃			
	Orlando, FL 32829		TALL	Y- 1 . 2022 SEP 2 SECRETAI			
		City/State and Zip Code	7.	<u>→</u> N			
	Kamille@youragent.today		>- 				
	E-mail address: (to be used for future annual report not	ification) 🕬				
For further information c	oncerning this matter, please c	all:		S S S			
Kamille L. Richards		407 459-0721	i	- α			
Name o	f Person		ne Telephone Number				
Enclosed is a check for th	ne following amount:						
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &			
Mailing Addres Registration S	Section	Street Address: Registration Se					
Division of C P.O. Box 632	•	Division of Co The Centre of	•				
Tallahassee, l		2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kamille L. Richards LLC					
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) (ability Company)				
The Articles of Organization for this Limited Liability Company of Florida document number <u>L22000182406</u> .	were filed on April 18, 2022	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	lity company here:				
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or t	he abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)		2022 SEP			
Enter new mailing address, if applicable:		26			
(Mailing address MAY BE A POST OFFICE BOX)		2: THE CO.			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new register			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address , Florida City Zip Code				
					
New Registered Agent's Signature, if changing Registered Agent:	Cay	z.p Code			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p.	performance of my duties, and I	am familiar with and			

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>	Name	Address	Type of Action
MGR	Kamille L. Richards	9797 Oak Crest Rd Orlando, FL 32829	\exists Add
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			□Change
			
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