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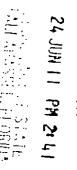
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COVER LETTER

TO:

	gistration Se vision of Cor			
SUBJECT:		ESTMENTS OF NORTH FLO	DRIDA, LLC	
SCBJECT:		Name of Lim	nited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		JENNIFER RICH		Status &
			Name of Person	
		RICH INVESTMENTS O	OF NORTH FLORIDA, LLC	
			Firm Company	
		4000 ATA SOUTH		
			Address	
			City/State and Zip Code	
		JENN@WORLDFAMOUS		
		E-mail address: ((to be used for future annual report notification)	
For further	information c	oncerning this matter, please co	all:	
KAYLA W	ISNOSKY		386 481-7470 at ()	
	Name o	f Person	Area Code Daytime 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 & □ \$60.00 Filing Fe Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tatus &
	ailing Addres		Street Address:	
	gistration S vision of C	orporations	Registration Section Division of Corporations	
	O. Box 632		The Centre of Tallahassee	
Ta	illahassee, I	FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RICH INVESTMENTS OF NORTH FLORIDA, 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 08/01/2022 and assigned Florida document number L22000338008 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 _, Florida <u>__</u>

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
AMBR	NULLET. GINA	4000 ATA SOUTH	⊆Add
		ST. AUGUSTINE, FL 32080	
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			<u></u> <u></u>
			⊔Remove
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			Change
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			□Remove
			Change

If ame	ending any other informa	tion, enter change(s) here	: (Attach additional si	heets, if necessary,)	
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Note:	ive date, if other than the fective date is listed, the date mus. If the date inserted in this blent's effective date on the De	ock does not meet the applica	o date of filing or more that ble statutory filing requ	(optional) n 90 days after filing.) Pursuant to irements, this date will not be	605.0 2 07 (3 listed as th
ne record ord is fil		e date, but not an effective tir	ne, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the
Dated	JUNE 7	2024			
	Ounde	ili —	_		
		Signature of a member or author	rized representative of a m	ember	-

Filing Fee: \$25.00