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236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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1.	-	RICH TRANSFORMATIOS (CORPORATE NAME AND DOCUMENT	
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COVER LETTER

RICH TRA	ANSFORMATIONS LLC		
30bJEC1	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	RICHARD A ALZATE		
		Name of Person	 .
	RICH TRANSFORMATI	ONS LLC	
		Firm/Company	
	2710 SE 7TH PLACE		
		Address	
	HOMESTEAD, FL 33033		
	richtransformations@gmai	City/State and Zip Code Leom	
	E-mail address:	to be used for future annual report notifi	cation)
For further information o	concerning this matter, please c	all:	
Richard A. Alzate		786 300-2230	
Name of Person		Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sect	tion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RICH Transformations 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 L22000338542 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 "LLC." 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 _

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.

City

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
AR	ANGIE J. SANCHEZ	2710 SE 7TH PLACE HOMESTEAD, FL 33033	🗆 Add
			Remove
			□Change
			🗆 Add
			□Remove
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ecord specifies a delayed effective is filed.	date, but not an effec	tive time, at 12:0	a.m. on the earlie	r of: (b) The 90th da	y after the
ted August 2	2022	·			
ted August 2	Signature of a member o	Pol De			

Filing Fee: \$25.00