L23000433825

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
Special Instructions to Filing Officer:
umils
Office Use Only



000416341890

09/26/23--01038--004 **25.00

2023 SEP 26 AM 9: 44
SECRETARY OF STATE
TALLAHASSES, FLOREITA



COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Riche Fin Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	ndence concerning this matter to	o the following:	
	- Ryar	Name of Person	<u> </u>
		Firm/Company	
	7600 P	inewalk Dr Address	5
	Mava Kashw E-mail address: (to	ate FL 3 City/State and Zip Code at 87 Damail be used for future annual report notifi	3063. . (um
For further information co	oncerning this matter, please ca		
Ryane of	Sahadeo Person	at (<u>154)</u> <u>348-</u> Area Code Daytime	e Telephone Number
Enclosed is a check for th	e 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 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

(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000433825</u> .	were filed on Sept 18,2023	$\underline{8}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	TA SE	2023
(Mailing address MAY BE A POST OFFICE BOX)	ARE 250	SEP 26
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the national state of the national s	E ew. A. sree
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
	City	гір Соце

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>	Name	Address	Type of Action
MOR	Ryan Sahadeo	7600 Pinewalk D/S Marigate FL 33063.	_ DAdd
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			🗀 Add
			□Remove
			ПСь

_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
-	
-	
_	
(If an effe <u>Note</u> ;	re date, if other than the date of filing:
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	September 22, 2023.
	Signature of a member or anthorized representative of a member
	- r