## L 23000551705

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
P!CK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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## **COVER LETTER**

TO: Registration Section Division of Corporations		,
SUBJECT: 121CH)ES SE	EQUICES LL	<u></u>
The enclosed Articles of Amendment and fee(s) are subm		2024 J.F.
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Please return all correspondence concerning this matter to	or the torname	<u> </u>
Richar	2.3000 OF ECT SOIL	í Tha co
Rich:	Service Firm/Company	5 LLC
2062	1610 An	e NE
Nap	Address  July State and Zip Code	34120
TZi cha E-mail address: (	City/State and Zip Code  City/State and Zip Code  To be used for future annual report notifications.	Oyahoo, Com
For further information concerning this matter, please c	eall:	
		2-1334
Name of Person	at (23%) 42% Area Code Daytime	Telephone Number
Enclosed is a check for the following amount:		To occupa title a Few
\$25.00 Filing Fee \$\sum \text{S30.00 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

Richies S	ervices	<u>LLC</u>	
(Name of the Limited Liability Compar (A Florida Limited I.			
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L23000551705}{}$	were filed on121	1 <u>,4/20:23</u> ar	nd assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
		of t C' as the alphaniat	ion "L. C."
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	Y"I,I.C of the abbreviac	ion muc
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		TALL.	The state of the s
Enter new mailing address, if applicable:		<u> </u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		- 10 - 10 - 10	<u> </u>
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 name of t	he new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stree	et address	
	City:	Florida	ip Code
	Cità	-	•

## 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 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	Richard P. East	Naples, FL 34120	NE KAdd
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			□Change
			□Add
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		12024	(optional)
ctive date, if other than the effective date is listed, the date must be the control of the block of the control of the c	at be specific and cannot be prior to da ock does not meet the applicable	to of tilling or more than 90 di	ass after filing.) Pursuant to 60
e: If the date inserted in this of ument's effective date on the D	epartment of State's records.		
cord specifies a delayed effective	re date, but not an effective time,	at 12:01 a.m. on the earlie	er of: (b) The 90th day aft
s filed.			
· Januara	, 3 2024		
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ed <u>Januar</u>	Fythan T Signature of a member or authorize	) 5     .	

Filing Fee: \$25.00