

| (Requestor's Name) | |
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| PICK-UP WAIT MAIL | |
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| (Business Entity Name) | _ |
| (Document Number) | |
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| Certified Copies Certificates of Status | _ |
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| Special Instructions to Filing Officer: | |
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Office Use Only



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Tallahassee, FL 32314

| | ration Sec on of Corp | ction porations | | |
|-------------------|--------------------------|--|---|---|
| | | Professionals LLC | | |
| SUBJECT: | | Name of Limi | ted Liability Company | |
| The enclosed Ar | rticles of <i>i</i> | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all | correspo | ndence concerning this matter | to the following: | |
| | | Rashida Leconte | | |
| | | | Name of Person | |
| | | Rich & Rick Professionals | LLC | |
| | | | Firm/Company | |
| | | 3391 NW 43rd Street | | |
| | | | Address | |
| | | Lauderdale Lakes, FL 3330 | 99 | |
| | | | City/State and Zip Code | |
| | | Leconterashida@gmail.com | to be used for future annual report not | itication) |
| For further infor | rmation co | oncerning this matter, please ca | | |
| Rashida Lecont | e | | 954 461-1710 | |
| | Name of | Person | at () Area Code Daytin | ne Telephone Number |
| Enclosed is a ch | neck for th | e following amount: | | |
| □ \$25.00 Filir | ng 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) |
| | g Address | | Street Address: | vition |
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| | Box 632 | | The Centre of T | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Rich & Rick Proffessionals LLC | | |
|--|---|--|
| (Name of the Limited Liability Compar (A Florida Limited L | ny as it now appears on our records.) iability Company) | |
| he Articles of Organization for this Limited Liability Company | were filed on March 15,2024 | and assigned |
| lorida document number 1.24000129939 | | |
| nis amendment is submitted to amend the following: | | |
| If amending name, enter the new name of the limited liabi | lity company here: | |
| ich & Rick Professionals LLC | | |
| ne new name must be distinguishable and contain the words "Limited Liabili | ty Company," the designation "LLC" or | the abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | | 3 EC |
| Principal office address MUST BE A STREET ADDRESS) | | <u> </u> |
| | | >> - |
| | | NASSAH R 9 P |
| nter new mailing address, if applicable: | | |
| Aailing address MAY BE A POST OFFICE BOX) | | P. P |
| | <u></u> | |
| | | |
| . If amending the registered agent and/or registered office a | ddress on our records, enter the | name of the new register |
| gent and/or the new registered office address here: | | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | · |
| | Enter Florida street address | |
| | , Florid | la |
| | City | Zip Code |

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 |
|--------------|------|--------------|----------------|
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| an effecti lote: If | date, if other than the date of filing: |
| record s I is filed | 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 |
| ated | · |
| | Rashida Leconte |
| | |
| | Signature of a member or authorized representative of a member |

• • •

Filing Fee: \$25.00