## M24000002975

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

Office Use Only



900431199909

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

AUTHORIZATION SIGNATURE	S ACCOUNT: 120210000160: \$25.00
Rich Global, LLC M240000	
BUSINESS (Name)	Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified copies of	
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit	_ X _Amendment = 5
Not for Profit	Resignation of R.A. Officer/Director
Limited Liability Domestication	Change of Registered Agent
Domestication INC	Dissolution/Withdrawal Merger
LLP	Conversion To
<u>INC</u>	TATE FL
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign Filing
Fictitious Name	Limited PartnershipReinstatement
ADOSTIL ( )	Trademark
APOSTIL ( )	Other
	EXAMINER'S INITIALS:

## **COVER LETTER**

TO: Registration Section

Division of Corporations						
SUBJECT: RICH GLOBAL, LLC						
Name of Forei	gn Limited Lia	bility Co	mpany			
Dear Sir or Madain:						
The enclosed application, certificate and fee(s	) are submitted	l for filin	g.			
Please return all correspondence concerning th	nis matter to th	e followi	ng:			
Sandra Z. Green, Esq.						
Name of Person		_				
JONATHAN H. GREEN & ASSOCIATES, P.A.						
Firm/Company		_				
901 Ponce de Leon Boulevard, Suite 601						
Address		_			75	
Coral Gables, Florida 33134					<u>22</u> 1.,	
City/State and Zip Cod	le	_		を記れ	<u></u>	
szg@jhglaw.com				COC.	P	111
E-mail address: (to be used for future annua	l report notific	ation)		ARY OF STATE	1: 05	U
For further information concerning this matter	, please call:					
Sandra Z. Green	305 at (	372-5	100			
Name of Person	Area Cod	e & Day	time Telephone Ni	umber		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division The Ce 2415 N	address: ration Section on of Corporations entre of Tallahasse L Monroe Street, assee, FL 32303	ee		
Enclosed is a check for the following  ■\$25 Filing Fee □ \$30 Filing Fee & Certificate of Status	amount:  \$55 Filing Certified	-	☐ \$60 Filing Fe Certificate o Certified	of Status &		

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	s on the records of the Florida	Department of			
State: RICH GLOBAL, LLC					
Enter new principal office address, if applicable:					
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
2. The Florida document number of this limited lial	bility company is: M24000002	973		 	
3. Jurisdiction of its organization: New Mexico					
4. Date authorized to do business in Florida: 03/07	7/2024		<u> </u>	 	
SECTION 11 (5-9 complete only the applicable of	changes)	(		PH	3
New name of the limited liability company: (must	contain "Limited Liability Co	ompany, " "L.L.C <sub>r</sub>	CONTRACTOR TOTAL T		C
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	naging members adopting the a	business in Florid alternate name. Th	la and a le altern	ttach a	ne
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad	d officer address on our record	is, enter the name	of the r	new	
Name of New Registered Agent;					
New Registered Office Address:					
	Enter Florid	da Street Address			
	City	, Florida	Zip Cod		
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper a and accept the obligations of my position as registe document is being filed to merely reflect a change i liability company has been notified in writing of thi	gistered Agent; It and agree to act in this capa and complete performance of r ered agent as provided for in C in the registered office address	city. I further agr my duties, and I a Chapter 605, F.S.	ee to co m famil Or, if th	omply w liar with	4

itle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
<b>ЛР</b>	GREEN, SANDRA Z, ESQ.	228 PARK AVE., S, STE. 31094	□Add
		NEW YORK, NY 10003-1502	■Remo
1GR	RICH, NATHAN W.	228 PARK AVE., S, STE. 31094	≣Add
		NEW YORK, NY 10003-1502	□Remo
			□Add
			□Remo
			Remo
			RY OF 6
		90 days old, evidencing the	FL CRemo

Filing Fee: \$25.00