Pc8000087888

(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:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	,
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	/City/State/Zin/Dhone #
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City Glater Direction of the
(Document Number) Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number) Certified Copies Certificates of Status	
Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	
Certified Copies Certificates of Status	(Document Number)
	Contilled Coning Contilled to Status
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
Special Instructions to Filing Officer:	
	Special Instructions to Filing Officer:
·	
	·
i i	

Office Use Only



100136914301

anere

10/20/08--01052--008 **70.08

TALLAHASSE F. STALLAHASSE F. STALLAH

1002 1018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: R.I.C.H. Endeavors Inc.
DOCUMENT NUMBER: POSCOODSTSSS
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Frederick J. Palermo (Name of Contact Person)
R.I.CH. Endeavors, Inc.
109 Kayla Drive (Address)
Fayette ville GA 30215 (City/ State and Zip Code)
or further information concerning this matter, please call:
Enola H. Welfinger at (941) 371-2008 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Inclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & S52.50 Fili
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassec, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment	FILED
Articles of Incorporation	0_{ID}
RICH. Endeavors, Inc.	TARY STATE ASSEE, FLORID,
_	-OutDy
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corp following amendment(s) to its Articles of Incorporation:	oration adopts the
A. If amending name, enter the new name of the corporation:	
The new name must be distinguishable and contain the word "corporation," "cor "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp, "Co". A professional corporation name must contain the word "chartered," "association," or the abbreviation "P.A."	" "Inc," or
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Fay etteville	GA 30215
D. If amending the registered agent and/or registered office address in Florida, enter the new registered agent and/or the new registered office address:	e name of the
Name of New Registered Agent:	
New Registered Office Address: (Florida street address)	
	orida
(City)	Zīp Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the position.	obligations of the

Signature of New Registered Agent, if changing

emoved and title, name, and ad		e <u>title 200 name of each office</u> er <u>and/or Director being 2dde</u>	
Attach additional sheets, if neces		<u> </u>	
<u>'itle Name</u>		Address	Type of Action
Frederick	J. Palermo	109 Kayla Drive Regestaville, GA 3021	
		=	
	····	=	Add Remove
. If amending or adding additi (attach additional sheets, if ned	ional Articles, enfer	cnange(s) here:	
Lf an amendment provides provisions for implementing (if not applicable, indicat	the amendment if	classification, or caucellation of not contained in the amendm	
		ge 2 of 3	;

The date of each amendment(s) adoption: Nov 1, 2008
Effective date if applicable: Nov 1, 2008
Effective date if applicable: Nov 1, 2008 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statements the separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated No. 10, 2008
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
ENOLA H. WOLFINGER (Typed or printed name of person signing)
(Typed or printed name of person signing)
DIRECTOR, SEC.
(Title of person signing)