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B. BOSTICK NOV 2 3 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: " Arrick Properties LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Miguel Perez	
Name of Person	
Marrick Properties, LLC Firm/Company 253 2nd avenue, North Address	
St. Petersburg FL 3370/ City/State and Zip Code	
Perez mike ir e yahoo, com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Miguel Perez at 727, 359-4395 S. Area Code & Daytime Telephone Number	e consected A 'y
Name of Person Area Code & Daytime Telephone Number	Tanga Tanga Tanga
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ 55.00 Filing Fee \$\ \text{Certified Copy}\$\$ (additional copy is enclosed) \$\ \text{Certified Copy}\$\$ (additional copy is enclosed)	. 4\

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marrick P	Properties, LL		
(Name of the Limited Liability Comp (A Florida Limited	anyas it now appears on our re Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Compan	4		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
	NA		
The new name must be distinguishable and end with the words "Lin" L.L.C."	nited Liability Company," the des	signation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	DIA		
(Principal office address MUST BE A STREET ADDRESS)		T	
		OCTUBER OF THE PROPERTY OF THE	
Enter new mailing address, if applicable:	PIA	S. N.	
(Mailing address MAY BE A POST OFFICE BOX)		ा <u>र</u> क्या	
		79 F3 53	
		Q1'1	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		s, enter the name of the new	
Name of New Registered Agent:	NIA	···	
New Registered Office Address:			
	Enter Florida street address		
	, F	lorida	
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Address</u> **Name Type of Action** <u>Title</u> ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove ___Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ ignature of a member or authorized representative of a member erez Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00