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| (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: | | | | |
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SECRETARY OF STATE
TALLAHASSFF FLORING

D. BRUCE

DEC 4 2009

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| SUBJECT: The Garrick Group 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: | |
| Len C. Garrick Name of Person | |
| The Garrick Group & Associates LLC | |
| 2803 N. OAKLAND Forest Dr #204 | |
| OAKLAND PARK, Flonda 33309 City/State and Zip Code | |
| | П |
| For further information concerning this matter, please call: | |
| Len C. Garrick at 954 865-2003 Name of Person Area Code & Daytime Telephone Number | |
| Enclosed is a check for the following amount: | |
| \$30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) | |

MAILING ADDRESS: Registration Section
Division of Corporations
P.O. Box 6327
Tallahussee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Taliahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| The Garrick Gro Name of the Limited | Liability Compa Florida Limited I | ny as it now appears o Jiability Company) | n our records.) | | |
|---|---|--|-------------------|--------------------------|--|
| The Articles of Organization for this Limited Li | | | | ചാട്ടിക്ഷേ വര | 1 |
| Florida document number <u>1.070000192</u> | .71 | | | | |
| This amendment is submitted to amend the follo | owing: | | | | |
| A. It amending name, enter the new name of | the limited link | ility company here: | | | |
| The Garrick Group & Assoc | iates LLC | · | | | |
| The new name must be distinguishable and end wit "L.L.C." | h the words "Limi | ited Liability Company | " the designation | "LLC" or the abbrev | /iation |
| Enter new principal offices address, if applic | able: | 2803 N.C | akland For | rest Dr #204 | <u>. </u> |
| (Principal office address MUST BE A STREE | TADDRESS) | Oakland Par | k, Florida | | |
| Enter new mailing address, if applicable: | | | | DEC -4 RETAR AHASS | |
| (Mailing address MAY BE A POST OFFICE | · · · · · · · · · · · · · · · · · · · | | mo -0 | _ | |
| | | | - AMERICA | Frs w | |
| B. If amending the registered agent and/o | or registered of | Tice address on our | records, enter | DRIGHT STATE | : new |
| registered agent and/or the new registered of | fice address her | g: | | | |
| Name of New Registered Agent: | Len Gar The Gan | rick of: rick Group & | Associate | SLLC | |
| New Registered Office Address: | 2803 N. OAKLAND FOREST DR # 204 Enter Florida street address | | | | |
| | OAKLANI |) Park | , Florida | 383 <i>0</i> 9 | |
| | | City | | Zip Code | |
| No | | | | | |

New Registered Agent's Signature, if changing Registered Agent:

.

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 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 = MGRM | = Manager 1 = Managing Member | | |
|--|------------------------------------|---|-------------------|
| Title | <u>Name</u> | Address | Type of Action |
| | | | Add Remove |
| - | | | Add |
| | | | Add Remove |
| - | | | |
| | | | □ Damosa |
| ······································ | | 4 | =- |
| D. Ifar | mending any other information, ent | er change(s) here: (Attach additional sheets | s, (f necessary.) |
| | | | O9 DEC |
| | | | -4 PH 3: |
| Dated _ | 12/04/09 | ,, | ATE PRIDA |
| | Len C. Garrick | a member or authorized representative of a mem Typed or printed name of signes | lber |

Page 2 of 2

Filing Fee: \$25.00