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EXAMINER

COVER LETTER

TO:

Registration Section

Division	of Corporations		
SUBJECT:	RICK AND	REW DESIGN LLC	
	Name of Lim	ited Liability Company	
The enclosed Art	icles of Amendment and fee(s) are su	bmitted for filing.	0 Vice
Please return all	correspondence concerning this matte	r to the following:	MAR OF STATE
		GITA KLEIN Name of Person	10 MAR-L AM D 36
	ST	EVEN C KLEIN CPA PA	9 96
		Firm/Company	
<u>્</u>	117	76 W SAMPLE RD # 105	
¥	COL	RAL SPRINGS FL 33065	
		City/State and Zip Code	
	F-mail address:	gita@skleincpa.com (to be used for future annual report notificati	on)
For further inform	mation concerning this matter, please	-	
	STEVEN C KLEIN	at ()	5-3696
	Name of Person	Area Code & Daytime Te	elephone Number
Enclosed is a che	ck for the following amount:		
\$25.00 Filing	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)
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center	ons

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Rick Andrew Desig	N. LIC		**
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears	s on our records.)	<u></u>
404 7 77	Liability Company)	ڊ	
The Articles of Organization for this Limited Liability Company	were filed on	2-3-2010	and assigned '
Florida document number L10000012574 .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here	:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Compar	y," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	4475 SE COMMERCE AVE		
(Principal office address MUST BE A STREET ADDRESS)	STUART, FL	34997	
			· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	4475 SE COM	IMERCE AVE	
(Mailing address MAY BE A POST OFFICE BOX)	STUART, FL	34997	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on or e:	ur records, <u>enter t</u> l	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:	Fut	er Florida street addr	455
	City	, Florida	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>Title</u>	<u>Name</u>	Address	Type of Action	
			Add Remove	
- tribi ass			Add Remove	
			Add Remove	
 -			Add Remove	
			Add Remove	
			Add Remove	
D. If ame	nding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_	
-				
_		•		
Dated	2/24/10,	Houard		
	/ -	or authorized representative of a member		
		d or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00