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## **COVER LETTER**

	gistration Section vision of Corporations		
SUBJECT:	REW FINANCIAL RESEARCH LLC Name of Limited Liability Company		
	Name of Limited Liability Company		
The enclose	d Articles of Amendment and fee(s) are submitted for filing.		
Please retur	n all correspondence concerning this matter to the following:		
	Name of Person		
	Name of Person		
	REW FINANCIAC RESEARCH, LLC		
	Parmy Company.	7A C 20	
	POBOX 30382 (New)	ECA LLA	-77
	POBOX 32382 (New)  Address  PALM BEACH CARRES FC 33420  City/State and Zip Code  HELEN JWALKER @ COMCAST. NET  E-mail address: (to be used for future annual report notification)	JG -8 ETARY H HASSER	Ë
	City/State and Zip Code		5
	E-mail address: (to be used for future annual report notification)	SKID I	"Maren"
For further	information concerning this matter, please call:		
<u> </u>	Name of Person  at (Sb) 797-466K  Area Code & Daytime Telephone Number	<del></del>	
Enclosed is	a check for the following amount:		
\$25.00 1	(additional copy is enclosed) Certified	e of Status &	:d)
,	MALLING ADDDESS		

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

REW FINDANCIA	c RESEARCH, LL	
(Name of the Limited Liability Compan (A Florida Limited Li		
The Articles of Organization for this Limited Liability Company	were filed on $\frac{7/21/2}{2}$	and assigned
Florida document number <u>L // 2008/373</u> .	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the des	signation "LECTOR the abbreviation
Enter new principal offices address, if applicable:		NAR ASS
(Principal office address MUST BE A STREET ADDRESS)		
		ro I 🗇
Enter new mailing address, if applicable:	P.O.Box 30	382
(Mailing address MAY BE A POST OFFICE BOX)	PALM BEACH GA	ARDENS FL 33420
B. If amending the registered agent and/or registered office address here:	ce address on our record	s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	F Fl 1	1.1.1.1.1
	Enter Florida	sireei adaress
	City, F	lorida 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 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 **Title** <u>Name</u> **Address Type of Action** PATRICIA KOBINETIE Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove Remove D.

D.	If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	-	
	-	
Dat	ted	8/4/2011
		Neled acker
		Signature of a member or authorized representative of a member
		Typed or printed name of signee

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Filing Fee: \$25.00