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13 OCT -8 PH 4: 30
SECRETARY OF STATE
ALLAHASSEF, FI OPINA

OCT 1 0 2013

T. BROWN

COVER LETTER .

TO:

Registration Section
Division of Corporations

SUBJECT

Rick Case Broward, 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:

David C. Hardin, Esq.

Name of Person

Mombach, Boyle & Hardin, P.A.

Firm/Company

500 E. Broward Blvd., #1950

Address

Ft. Lauderdale, FL 33394

City/State and Zip Code

rickcase@rickcase.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rick Case

,,954**、377-740**0

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check 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 ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

13 OCT -8 PM 4:30
ALLAHASSEF OF STATE
FLORIDA **OF**

RICK CASE BROWARD, LLC

(Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	any were filed on January 30, 2012	and assigned
Florida document number L12000014093		_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and end with the words "Li" "L.L.C."	imited Liability Company," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered		the name of the new
registered agent and/or the new registered office address h	<u>iere</u> :	
Name of New Registered Agent:		
•		
New Registered Office Address:	Enter Florida street ad	dress
	. Florida	
	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 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
Mgr	Rita L. Case	949 Hillsboro Mile	Add
		Hillsboro Beach, FL 3306	2 Remove
			Add
			Remove
			Remove
			-
			_
			_ Add
			Remove
			_
·			Remove

. If amending any other inform	nation, enter change(s) here: (Attach additional sheets, if necessary.)
•	
	
October 4	2013
	720
Si	ignature of a member of authorized representative of a member
Richard J. Cas	se, Manager
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00