# U12000036314

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
Rick Case Sunrise, LLC	
Name of Limited Liability Co	ompany
The enclosed Articles of Amendment and fee(s) are submitted for filir	ng.
Please return all correspondence concerning this matter to the following	ng:
David C. Hardin, E	SQ.
Mombach, Boyle 8	Hardin, P.A.
500 E. Broward Bly	vd., #1950
Ft. Lauderdale, FL	<b>***</b> ,
rickcase@rickcase.com  E-mail address: (to be used for fu	·
For further information concerning this matter, please call:	naic annual report nonneanon)
Rick Case 9	54、377-7400
Name of Person Area	Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\begin{align*} \begin{align*} \be	Filing Fee &   \$60.00 Filing Fee,

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

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

### STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rick Case Sunrise, LLC		
(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia Florida document number L12000036314	ability Company were filed on March 14, 2012	2 and assigned
This amendment is submitted to amend the follow	wing:	- Eg <b>2</b>
A. If amending name, enter the new name of	the limited liability company here:	E CREATE TO THE PARTY OF THE PA
The new name must be distinguishable and end with the w	vords "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>	·
B. If amending the registered agent and/o registered agent and/or the new registered offi	or registered office address on our records, gice address here:	enter the name of the new
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	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 605, 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 Authorized	the Managers or Authorized Member Member being added or removed from	on our records, <u>enter the title, name, and ad</u> our records:	dress of each Manager or
MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Hillsboro Beach, FL 33	062 <sub>□ Remove</sub>
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The effective date must be specific, cannot the date this document is filed by the Florida Actober 10	t be prior to date of receipt or filed date and cannot be more than 90 days after ida Department of State)	2014 GCT 15
The effective date must be specific, cannot the date this document is filed by the Flori Dated October 10	t be prior to date of receipt or filed date and cannot be more than 90 days after ida Department of State)	57 55
the date this document is filed by the Flori Dated October 10	t be prior to date of receipt or filed date and cannot be more than 90 days after rida Department of State)  2014  Signature of a member or authorized representative of a member	2014 OCT 15 PAID

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Filing Fee: \$25.00