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COVER LETTER

Divi:	istration Se sion of Cor								
SUBJECT:	Rick Inestr	nents, LLC							
SUBJECT		Name of Lim							
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.						
Please return	all correspo	ondence concerning this matter	to the following:						
		David Bultynck							
			Name of Person						
		Bultynck & Co, PLLC							
			Firm/Company	SECR TAL	FILED				
		15985 Canal Rd		LAIA AAA	JUL -6 PI				
			Address	HASSEI	9 <u>E</u>				
		Clinton Township, MI 480)38	SEE	32 1				
		ini talah Olahamatan a	City/State and Zip Code	FL	= =				
		jmichalak@bultynck.com E-mail address: (to be used for future annual report no	tification)	- -				
For further in	formation c	oncerning this matter, please c	-						
David Bultyn	nck		586 286-7300						
	Name o	(Person	at () Area Code Daytii	me Telephone Number					
Enclosed is a	check for th	ne following amount:							
■ \$ 25.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Co tadditional copy	f Status & py				
	ing Addres		Street Address: Registration Se	ection					
Div	ision of C	Corporations	Division of Corporations						
	. Box 632 abassee 1	7 FL 32314	The Centre of 2415 N. Monre	Tallahassee oe Street. Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rick Inestments, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	nany as it now appears on our records.) Hisbility Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on June 22, 2021	and assigned
Florida document number L21000289581		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Rick Investments, LLC		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" o	
Enter new principal offices address, if applicable:		2021 . SECK
(Principal office address MUST BE A STREET ADDRESS)		CRE JU T
		ARK -
		PH PH
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	•
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter th</u>	e name of the new regist
New Registered Office Address:	Enter Florida street address	
	Liner I to that sireer dates ess	
	Flori	

New Registered Agent's Signature, it 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 Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			Remove SECRETAL Change
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