

L21000289581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

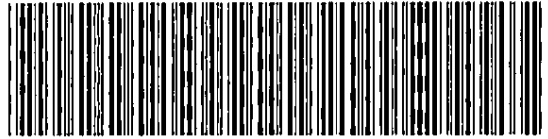
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RICK INVESTMENTS, 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 S. GED, ESQ.

Name of Person

DAVID S. GED, PA

Firm/Company

7955 AIRPORT PULLING ROAD N., SUITE 202

Address

NAPLES, FL 34109

City/State and Zip Code

DGED@GED-LAW.COM

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

For further information concerning this matter, please call:

DAVID S. GED, ESQ.

239
at ()

514-5048

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

RICK INVESTMENTS, LLC

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

The Articles of Organization for this Limited Liability Company 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 liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

LINDA RICK

New Registered Office Address:

11330 TAMiami TRAIL EAST

Enter Florida street address

NAPLES

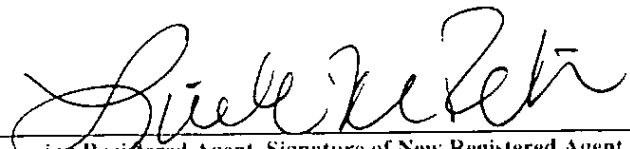
City

Florida 34113

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	LINDA MCGINN	11330 TAMiami TRAIL EAST	<input type="checkbox"/> Add
		NAPLES, FL 34113	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LINDA RICK	11330 TAMiami TRAIL EAST	<input checked="" type="checkbox"/> Add
		NAPLES, FL 34113	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HARRISON RICK	11330 TAMiami TRAIL EAST	<input type="checkbox"/> Add
		NAPLES, FL 34113	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GARRETT RICK	11330 TAMiami TRAIL EAST	<input type="checkbox"/> Add
		NAPLES, FL 34113	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated ~~AUGUST 11~~ January 9 ~~2023~~ 2024.

Signature of a member or authorized representative of _____

Signature of a member or authorized representative of a member

LINDA RICK

Typed or printed name of signee