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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| | gistration Sect rision of Corpo | | | • |
|----------------|------------------------------------|---|--|--|
| SUBJECT: | | erations, LLC | | |
| SUBJECT. | | Name of Limi | ted Liability Company | |
| The enclosed | d Articles of A | mendment and fee(s) are subr | nitted for filing. | |
| Please return | all correspond | dence concerning this matter | to the following: | |
| | | Bryan Hawks | | |
| | | | Name of Person | |
| | | Smith Hawks, PL | | |
| | | | Firm/Company | |
| | | 138 Simonton Street | | |
| | | | Address | |
| | | Key West, FL 33040 | | |
| | | | City/State and Zip Code | |
| | | bryan@smithhawks.com | | |
| | | E-mail address: (t | o be used for future annual repo | ort notification) |
| For further is | nformation co | ncerning this matter, please ca | dI: | |
| Bryan Hawl | | | 305 296-77 at () | |
| | Name of I | Person | Area Code I | Daytime Telephone Number |
| Enclosed is | a check for the | following amount: | | |
| ■ \$25.00 I | Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed | 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 OF

| Rockland Operations, LLC | | |
|--|---|-------------------------|
| (<u>Name of the Limited Lia</u> (A Flo | bility Company as it now appears on our records.) rida Limited Liability Company) | |
| The Articles of Organization for this Limited Liability | y Company were filed on 12/28/2004 | and assigned |
| Florida document number 25-1906250 | . | |
| This amendment is submitted to amend the following | ; | |
| A. If amending name, enter the new name of the l | imited liability company here: | |
| The new name must be distinguishable and contain the words | Limited Liability Company," the designation "LLC" or the | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET AD | DRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | , . | |
| induing duties will be it to to the body | | |
| B. If amending the registered agent and/or re registered agent and/or the new registered office a | | er the same of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | Fr. A. O |
| | Enter Florida street address . Florida | ORIOA |
| | , Florida | 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> | Type of Action |
|--------------|---------------------------------------|---------------------------------------|----------------|
| MGR | Frank P. Toppino | P.O. Box 787 | □ Add |
| | | Key West, FL 33041 | Add |
| | | | ■ Remove |
| | | | Change |
| MGR | Edward Toppino, Sr. | P.O. Box 787 | |
| | | Key West, FL 33041 | |
| | | · · · · · · · · · · · · · · · · · · · | ■ Remove |
| | | | ☐ Change |
| MGR | Richard Toppino | 10 Egret Lane | - |
| | · · · · · · · · · · · · · · · · · · · | Key West, FL 33040 | ■ Add |
| | | · · · · · · · · · · · · · · · · · · · | ☐ Remove |
| | | | Change |
| MGR | Danieł Toppino | P.O. Box 787 | 5 |
| | | Key West, FL 33041 | Add |
| | | | ☐ Remove |
| | | | □ Change |
| MGR | Paul Toppino | 1500 Catherine Street | |
| | - | Key West, FL 33040 | Add |
| | | | Remove |
| | | | Change |
| MGR | Cassandra Toppino | 6205 Morrison Blvd., Apt. 410 | 5 |
| | | Charlotte, NC 28211 | ■ Add |
| | | | □ Remove |
| | | | ☐ Change |

| N/A | | |
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| effectiv <u>e:</u> If th | date, if other than the date of filing: A S To Goptional) The date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be seffective date on the Department of State's records. | |
| | I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the eath day after the record is filed. | ırlier |
| :d | October 10 . 2019 | |
| | | |
| | Signature of a member or authorized representative of a member | - |
| | | |

Page 3 of 3

Filing Fee: \$25.00