

L11000024357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

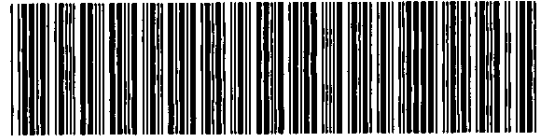
(Business Entity Name)

(Document Number)

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JUN 25 2013
T CLINE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROCKCLIFF 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:

C/O STEVEN E. FULLER

Name of Person

FULLER, WITCHER & COMPANY, P.A.

Firm/Company

2953 W CYPRESS CREEK RD, STE 200

Address

FORT LAUDERDALE, FL 33309-1765

City/State and Zip Code

STEVE@FULLERWITCHER.COM

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

For further information concerning this matter, please call:

STEVEN E. FULLER

Name of Person

954 969-2992 ext 203

at ()

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

REGISTRATION SECTION
TALLAHASSEE, FL 32301

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FULLER

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

ROCKCLIFF, 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 02/25/2011 and assigned Florida document number L11000024357.

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 end with 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)

C/O STEVEN E FULLER
2953 W CYPRESS CREEK RD, STE 200
FORT LAUDERDALE, FL 33309-1765

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O STEVEN E FULLER
2953 W CYPRESS CREED RD, STE 200
FORT LAUDERDALE, FL 33309-1765

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:

STEVEN E FULLER

New Registered Office Address:

C/O STEVEN E FULLER 2953 W CYPRESS CREEK RD, STE 200

Enter Florida street address

FORT LAUDERDALE, Florida 33309-1765

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.

Steven E Fuller
If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MGR	JEAN MARIE ECHEMENDIA	4045 SHERIDAN AVE #240	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Remove
MGR	KEVIN EYRES	27161 MOODY ROAD	<input checked="" type="checkbox"/> Add
		LOS ALTOS HILLS, CA 94022	<input type="checkbox"/> Remove
MGR	SIGRID EYRES	27161 MOODY ROAD	<input checked="" type="checkbox"/> Add
		LOS ALTOS HILLS, CA 94022	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 SEE FROM HIS STATE
 CALL MARISSA POLK@MGRM

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 2013-06-14 .

[Signature]
Signature of a member or authorized representative of a member

Mark Cuhaci
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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FILING OFFICE