

**L110001848713**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H13000184871 3)))



H130001848713ABCO

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : ACCOUNTANT & MANAGEMENT INC  
Account Number : 120110000070  
Phone : (305) 541-3980  
Fax Number : (305) 541-7033

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 AUG 20 PM 1:30

FILED

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**ROCK ISLAND FORECLOSURE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

13 AUG 20 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 21 2013

D. BRUCE

**H13000184871 3  
COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ROCK ISLAND FORECLOSURE 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:

**MOSES NAE**

Name of Person

**ACCOUNTANT & MANAGEMENT INC**

Firm/Company

**1549 NE 123RD ST**

Address

**NORTH MIAMI, FL 33161**

City/State and Zip Code

**INFO@TAXLEAF.COM**

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

For further information concerning this matter, please call:

**MOSES NAE**

Name of Person

at ( **305 541-3980** )

Area Code & Daytime Telephone Number

2018 AUG 20 PM 1:30  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

**H13000184871 3**

**H13000184871 3**  
**ARTICLES OF AMENDMENT**  
**TO**  
**ARTICLES OF ORGANIZATION**  
**OF**

ROCK ISLAND FORECLOSURE 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 05/26/2011 and assigned Florida document number L11000062043.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**FILED**  
2018 AUG 20 PM 1:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida

*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.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

**H13000184871 3**

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

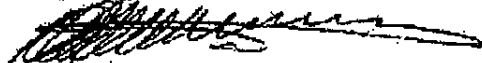
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	OLKENITZKY, OLGA	8175 NW 12TH ST SUITE 130	<input type="checkbox"/> Add
		DORAL, FL 33126	<input checked="" type="checkbox"/> Remove
MGR	HIGHLAND PROPERTIES MANAGEMENT LLC	1549 NE 123RD ST	<input checked="" type="checkbox"/> Add
		NORTH MIAMI, FL 33161	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
2018 AUG 20 PM 3:31  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

H13000184871 3

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


Dated **AUGUST 12TH** **2013**



Signature of a member or authorized representative of a member

**OLGA OLKENITZKY**

Typed or printed name of signer

Page 3 of 3

**FILED**

2013 AUG 20 PM 1:31

SECRETARY OF STATE  
FALLAHASSEE FLORIDA

H13000184871 3