

4/28/2020

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L2000007418

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.

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

From: Account Name : LEGALZOOM.COM INC.
 Account Number : 120010000062
 Phone : (323)962-8600
 Fax Number : (323)962-3889

2020 APR 28 AM 10:18

****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
 ROCKING FLORIDA REAL ESTATE LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

RECEIVED

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Electronic Filing Menu

Corporate Filing Menu

O SIMPSON
 APR 29 2020

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2020 APR 28 AM 10:18

ROCKING FLORIDA REAL ESTATE 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 04/06/2020 and assigned Florida document number L20000097418.

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:

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 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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MICHELE L REHM		<input type="checkbox"/> Add
		10834 OSCEOLA DR NEW PORT RICHEY, FL 34654	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TYLER B REHM		<input type="checkbox"/> Add
		10834 OSCEOLA DR NEW PORT RICHEY, FL 34654	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Carolyn J Kahrs	2625 Keystone Rd Suite 1 Tarpion Springs FL 34688	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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