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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: ROCK A BILLY	II. INC	
	BER: P99000062049		
The enclosed <i>Article</i>	s of Amendment and fee are su	ibmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	JODI RONEN		
		Name of Contact Person	1
	JG CONSULTING SERVIC	ES, LLC	
		Firm/ Company	
	5481 WILES RD STE 502		
		Address	
	COCONUT CREEK,F L 330	073	
	10110000	City/ State and Zip Cod	e
	JODI@ACCU-TAX.TAX		
		sed for future annual report	notification)
For further information	on concerning this matter, plea	se call: at (	, 220-8270
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	iling Address		Address
Amendment Section Division of Corporations		Amendment Section Division of Corporations	
	). Box 6327		entre of Tallahassee
Tallahassee, FL 32314			N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

(Document Number of Corporation (if known)  arsuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to Articles of Incorporation:  If amending name, enter the new name of the corporation:  The new one must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," ne.," or "Co.," or the designation "Corp.," The.," or "Co". A professional corporation name must contain the word thartered, "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable:  Fincipal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (Florida  (City)  (Zip Code)	ROCK-A-BILLY II, INC.			
(Document Number of Corporation (if known)  arsuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to Articles of Incorporation:  If amending name, enter the new name of the corporation:  The new one must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," ne.," or "Co.," or the designation "Corp.," The.," or "Co". A professional corporation name must contain the word thartered, "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable:  Fincipal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (Florida  (City)  (Zip Code)	(Name of Corporation a	s currently filed with the F	lorida Dept. of State)	
If amending name, enter the new name of the corporation:  If amending name, enter the new name of the corporation:  The new memory be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.," A professional corporation name must contain the word chartered, ""professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS )  Enter new mailing address MUST BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  Florida  (Zip Code)	P99000062049	,		
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If amending the registered agent and/or registered office address in Florida, enter tine name of the new registered agent and/or registered office address:  Name of New Registered Agent  New Registered Office Address:    Mew Registered Office Address:   City	A. If amending name, enter the new name of the corpo	ration:		
If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or registered office address:  Name of New Registered Agent  New Registered Office Address:    Mew Registered Office Address:   City   C			The new	
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Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (Zip Code)	B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	<u></u>		
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New Registered Office Address:	Name of New Registered Agent		<u> </u>	
(City) (Zip Code)  ew Registered Agent's Signature, if changing Registered Agent:		(Florida street address)	<u></u>	
(City) (Zip Code)  ew Registered Agent's Signature, if changing Registered Agent:	Non- Parintagad (1970) Chlimore		Florida	
ew Registered Agent's Signature, if changing Registered Agent:	New Registerea Office Address.	(City)		
w Registered Agent's Signature, if changing Registered Agent:				
nerchy accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	red Agent: familiar with and accept the	e obligations of the position.	

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	POOLE, DESTINY LEE	4576 N. UNIVERSITY DRIVE
Add			LAUDERHILL, FL 33351
X Remove			
2) Change	-		<del></del>
Add			
Remove 3 ) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<del>-</del>	
Add			
Remove			
6) Change		_	
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
·	<del></del>
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares.
If an amendment provides for an exchange provisions for implementing the ame	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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	toption:	, it other than the
fate this document was signed.		
Effective date <u>if applicable</u> :	ino more than 90 days after amendment file dat	
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Note: If the date inserted in this blocument's effective date on the De	lock does not meet the applicable statutory filing requireme- partment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was were addaction was not required.	pted by the incorporators, or board of directors without share	holder action and shareholder
The amendment(s) was were add by the shareholders was were st	pted by the shareholders. The number of votes east for the ar fficient for approval.	mendment(s)
	roved by the shareholders through voting groups. The tollow each voting group entitled to vote separately on the amendme	
"The number of votes cast	for the amendment(s) was were sufficient for approval	
hy-		
	(voting group)	
Dated <b>09/08</b>	2020	
Signature (By a di selected	rector, president or other officer—if directors or officers have l, by an incorporator—if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)	not been other court
	ROGER ALVARADO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	