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C. GOLDEN

MIR - 7 2019

## **COVER LETTER**

Division of Corp	orations			
NAME OF CORPO	RATION: Rockles	Lx GARD	ENS, INC	
DOCUMENT NUMI	BER: 2929	22		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this mat	tter to the following:		
	KEVIN	RILEY	, IN	
	Onklad	Name of Contact Person	n 	
	ROCKIEBUE	Firm/ Company	, I N	
	2153 US	Hwy #1		
		Address		
	Rockledge	E FL 3 City/ State and Zip Cod	2955	
	<del></del>	City/ State and Zip Cod	e	
			ROENS, COM notification)	
For further informatio	n concerning this matter, pleas	re call:		
	3	321	636-7662	Bus
KEVIN	RILEY	at ( 321	6 36 - 766 Z 961 - Z Z 69 de & Daytime Telephone Number	ce ()
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	S\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	

## **Mailing Address**

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation of

T:=CL

	ROCKLEDGE GARDENS, INC.	2018 M. F - 5	PH 4: 28
(Name of Co	rporation as currently filed with the Florida	<del></del> -	, -
	292922	Miller Co. H.	TAT),
	(Document Number of Corporation (if known)	<del>.,</del>	
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	, Florida Statutes, this <i>Florida Profit Corporatio</i>	on adopts the following amo	endment(s) to
A. If amending name, enter the new name of	of the corporation:		
		$Th_{\mathcal{O}}$	new
	the word "corporation," "company," or "inc a "Corp," "Inc," or "Co". A professional cor " or the abbreviation "P.A."	corporated" or the abbrev	iation
B. Enter new principal office address, if ap	plicable:		
(Principal office address <u>MUST BE A STRE</u>	ET ADDRESS )		
C. Enter new mailing address, if applicable			
(Mailing address MAY BE A POST OFF)	ICE BOX)		
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Florida, enter the	name of the	
	istered office address.		
Name of New Registered Agent		<del></del>	
	(Florida sweet address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if chang	ing Degistered Agents		
	mp Registered Agent: agent. I am familiar with and accept the obliga	itions of the position.	
9			
	Signature of New Registered Agent, if change	ing	

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.

Example: X Change	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) 🛣 Change	PS THERESA W. RILEY	1393 MARTINRE
Add		Rockledge FL
Remove		32955
2) K Change	VT KEUINL, RILEY	1393 MARTINR
Add		Rockledge FL
Remove		32955
3 ) Change		
Add		
Remove		-
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		NPA.
6) Change		
Add		
Remove		

Attach additional sheets, if necessary).	(Be specific)
	<del></del>
f an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	· · · · · · · · · · · · · · · · · · ·
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	_, if other than the
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature  (By a director provident or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
KEVIN RILEY (Typed or printed name of person signing)	
VICE - PRESIDENT	
(Title of person signing)	