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02/09/09--01049--013 **25.00

T. CLINE
FEB 10 2009
EXARAINER

COVER LETTER

TO: Registration Division of C		
SUBJECT:	ROC. LLC.	
3000001.	(Name of Limited Liability	Company)
The enclosed Articles	of Amendment and fee(s) are submitted for fili	ng.
Please return all corres	pondence concerning this matter to the following	ng:
	SAUL RAGIONAME OF TRACE	Person)
	(Firm/Co	
	560 NE 103	
For further information	(Addr.) Shorzes (City/State an concerning this matter, please call:	FL 33138 - 7888 6
SAU R	abinovich, and	86, 786-8181
(Nan	the following amount:	(Area Code & Daytime Telephone Number)
S25.00 Filing Fee	Certificate of Status Certifi	Filing Fee & \$\square\$
, ·		, , , , , , , , , , , , , , , , , , ,
Regi Divi: P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RJG LL	C		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company	were filed on HARC	h 19/2001 and assigned	
Florida document number <u>L 0100000 4133</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
NA			
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the	designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	N/A	ECR FF TF	
(Principal office address MUST BE A STREET ADDRESS)		THE DESIGNATION OF THE PERSON	
		25 A 35 A	
Enter new mailing address, if applicable:	W/A	OF STA	
(Mailing address MAY BE A POST OFFICE BOX)		28	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	fice address on our reco	rds, enter the name of the new	
Name of New Registered Agent:)/6		
New Registered Office Address:	/Futer Flor	ida street address)	
·	(City)	, Florida (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)

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:

	= Manager 1 = Managing Member	·	
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> </u>			Add Remove
			Add Remove
			Add Remove
			Add Remove
-	,		Adda FRemove Remove Remove
D. If a	_	e(s) here: (Attach additional sheets, if necessary	
	ART: de F: fTh: M. The linited Liabili Managed and will	ty company shall be I have Two members:	Manager 1
	NAME: SAUL Rabinovich NAME: Ivan Rabinovi	- Percentage of Owner	ship: 99%
Dated _	\cap		-
		consutherized representative of a member	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00