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| (Requestor's Name) | |
| (Address) | |
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| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
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| | IKANSNI | HILAL LELIEK | | |
|---|---|--|--|---|
| TO: Registration Section Division of Corpora | | | | |
| SUBJECT: Real | Estate Moi (Name of Lin | nited Liability Company) | · · · · · · · · · · · · · · · · · · · | |
| The enclosed Articles of Am | endment and fee(s) are sub | omitted for filing. | | |
| Please return all corresponde | nce concerning this matter | to the following: | | |
| | William Rog | Nume of Person) | · | |
| | cher Froit | Company) | | |
| 4499 | W. Irlo B | ronson Memorial (Address) | Highway As & | |
| <u> </u> | SSimmer / F | State and Zip Code) | O4 SEP 23 AM II: 2 EVACIARY OF STATE AHASSEE, FLORI | 1 |
| For further information conc | erning this matter, please o | call: | LORA C | |
| William 0 | Rochec Name of Person) | at (407) (Area Code & I | | |
| Enclosed is a check for the follo | owing amount: | | | |
| ☐ \$25.00 Filing Fee | \$30.00 Filing Fcc & Certificate of Status | (3 \$55.00 Filing Fee & Certified Copy | \$60.00 Filing Fee, Certificate of Status & | |

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

(additional copy is enclosed)

(additional copy is enclosed)

Certified Copy

Registration Section Division of Corporations P.O. Box 6327 Tailahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| · | Real Estate Monama, LLC | |
|---------|---|---|
| | (Présent Name) (A Florida Limited Liability Company) | |
| | | |
| FIRST: | The Articles of Organization were filed on 4/26/04 and assigned document number 4000031698. | |
| SECOND: | The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company: | t |
| | The company is changing its name. The new | |
| | Company name is Rocker's Real Estate, LLC. | |
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| | SEP 23 AHASSE | į |
| | EP 23 AMI HASSEE, FL | - |
| Dated | SEP 23 AMII: 21 AHASSEE, FLORIDA | 3 |
| · | William G. Thish. | |
| | Signature of a member or authorized representative of a member | |
| | Typed or printed name of signee | |
| | •••• | |

Filing Fee: \$25.00