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COVER LETTER

Division of Corp	orations		
SUBJECT: RO	C-N-RO, LLC		Section 2
SUBJECT:		ited Liability Company)	y services
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	_	EANNETTE BARONE	
		(Name of Person)	
	CONFI	DENTIAL ACCOUNTING INC	
		(Firm/Company)	
		P O BOX 3276	
		(Address)	
	AP	OLLO BEACH FL 33572	RONE on) UNTING INC ny) 76 L 33572 Code) 1 641-3603 rea Code & Daytime Telephone Number) 3 Fee &
		(City/State and Zip Code)	
For further information co	ncerning this matter, please co	all:	
JEANNETTE BARONE		at (813) 641-3603	
(Name of	Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	☑\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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



ROC-N-RO, 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 Florida document number <u>L05000098707</u>	were filed on 10/6/05	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
ROC-N-ROLL, LLC		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company," the des	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1045 APOLLO BEACH BO	DULEVARD
(Principal office address MUST BE A STREET ADDRESS)	APOLLO BEACH FL 3357	72
Enter new mailing address, if applicable:	1045 APOLLO BEACH BO	DULEVARD
(Mailing address MAY BE A POST OFFICE BOX)	APOLLO BEACH FL 3357	2
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	<u>e</u> : (Enter Florido	a street address)
	, F	lorida(Zip Code)
	()/	(Lip Couc)

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 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:

MGR = Manager

anaging Member		
Name	Address	Type of Action
		Add
		Remove
		Add
		Kelllove
		Add
		Add Remove
		Add Remove
		Add Remove
ng any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
NGE ADDRESS FOR MGR, MARC R	RACO TO: 1045 APOLLO BEACH BOULEVARD,	TALL SEC
DLLO BEACH FL 33572.	The state of the s	ONOV 24 SECRETARY
		AMIO: 20
RMBER 7, , 2008		15 '''
Marc	A Som	
Signature of a membe	er or authorized representative of a member	·
Tomas	MARC RACO or printed name of signee	
	ng any other information, enter chan NGE ADDRESS FOR MGR, MARC FOLLO BEACH FL 33572. RMBER 7, 2008 Signature of a member	ng any other information, enter change(s) here: (Attach additional sheets, if necessary, NGE ADDRESS FOR MGR, MARC RACO TO: 1045 APOLLO BEACH BOULEVARD, DLLO BEACH FL 33572. RMBER 7, , 2008 Signature of a member or authorized representative of a member MARC RACO

Page 2 of 2

Filing Fee: \$25.00