## L05000098707

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T. HAMPTON

JUN - 3 2010

EXAMINER

## **COVER LETTER**

TO: Registration Division of C					
SUBJECT:	ROC-	N-ROLL, LLC			
		ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	pondence concerning this matte	r to the following:			
	J	JEANNETTE BARONE Name of Person			
CONFIDENTIAL ACCOUNTING, INC.					
	Firm/Company P.O. BOX 3276				
		Address			
	APO	OLLO BEACH, FL 33572			
	CACCOUN E-mail address:	City/State and Zip Code  NTING@TAMPABAY.RR.COM (to be used for future annual report notification)			
For further information	n concerning this matter, please	•			
JEAN	INETTE BARONE	at ( 813 ) 641-3603			
Namo	e of Person	Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	✓\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$\( \begin{array}{l} \\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	sed)		
MAILING ADDRESS: 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			

is a property of the property of the state.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RU	C-N-ROLL, LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appea a Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Florida document numberL0500098707	Company were filed on	10-06-2005	and assigned ن
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the lir	nited liability company he	<u>re</u> :	SECRETARY OF COR
RO	C-N-RABBI, LLC		
The new name must be distinguishable and end with the we"L.L.C."	ords "Limited Liability Comp	any," the designation "L	LC" or the breviation
Enter new principal offices address, if applicable:	· <del>- · · · · · · · · · · · · · · · · · ·</del>		9 707
(Principal office address MUST BE A STREET ADD	PRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ad		our records, <u>enter tl</u>	ne name of the nev
New Registered Office Address:	En	nter Florida street addr	ress
		, Florida	
	City	, rioriua	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:

MGR = Manager

MGRM = Managing Member **Title Address** Type of Action <u>Name</u> ☐ Add Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **MAY 27** 2010 Signature of a member or authorized representative of a member JEANNETTE BARONE Typed or printed name of signee

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Filing Fee: \$25.00