

**L06000100053**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

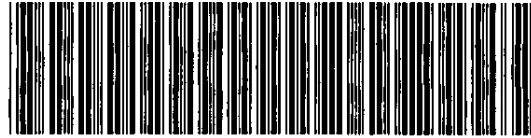
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**000289988130**

09/09/16--01008--011 \*\*25.00

**FILED**  
2016 SEP -9 P 12:14  
SECRETARY OF STATE  
ALABAMA, FLORIDA

**S Warren**

**SEP 12 2016**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: THE ROCK INVESTMENTS LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANDRA P PATINO

\_\_\_\_\_  
Name of Person

THE ROCK INVESTMENTS LLC

\_\_\_\_\_  
Firm/Company

9655 S DIXIE HWY, SUITE 101

\_\_\_\_\_  
Address

MIAMI, FL 33156

\_\_\_\_\_  
City/State and Zip Code

sandra@patacon.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Paola Patino

at ( 786 ) 4897361

\_\_\_\_\_  
Name 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 &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**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

THE ROCK INVESTMENTS LLC

The Articles of Organization for this Limited Liability Company were filed on 10/12/2006 and assigned Florida document number L06000100053.

**A. If amending name, enter the new name of the limited liability company here:**

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

**New Registered Office Address:**

Enter Florida street address

**, Florida**

City

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>         | <u>Address</u>       | <u>Type of Action</u>                   |
|--------------|---------------------|----------------------|-----------------------------------------|
| AMBR         | SANDRA PAOLA PATINO | C/O 9655 S DIXIE HWY | <input checked="" type="checkbox"/> Add |
|              |                     | SUITE 101            | <input type="checkbox"/> Remove         |
|              |                     | MIAMI, FL 33156      | <input type="checkbox"/> Change         |
|              |                     |                      | <input type="checkbox"/> Add            |
|              |                     |                      | <input type="checkbox"/> Remove         |
|              |                     |                      | <input type="checkbox"/> Change         |
|              |                     |                      | <input type="checkbox"/> Add            |
|              |                     |                      | <input type="checkbox"/> Remove         |
|              |                     |                      | <input type="checkbox"/> Change         |
|              |                     |                      | <input type="checkbox"/> Add            |
|              |                     |                      | <input type="checkbox"/> Remove         |
|              |                     |                      | <input type="checkbox"/> Change         |
|              |                     |                      | <input type="checkbox"/> Add            |
|              |                     |                      | <input type="checkbox"/> Remove         |
|              |                     |                      | <input type="checkbox"/> Change         |
|              |                     |                      | <input type="checkbox"/> Add            |
|              |                     |                      | <input type="checkbox"/> Remove         |
|              |                     |                      | <input type="checkbox"/> Change         |
|              |                     |                      | <input type="checkbox"/> Add            |
|              |                     |                      | <input type="checkbox"/> Remove         |
|              |                     |                      | <input type="checkbox"/> Change         |
|              |                     |                      | <input type="checkbox"/> Add            |
|              |                     |                      | <input type="checkbox"/> Remove         |
|              |                     |                      | <input type="checkbox"/> Change         |

2018 OCT -9 PM 12:14  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FILED

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

ARTICLE IV. MANAGEMENT

The Company is to be a Member-Managed Company.

**E. Effective date, if other than the date of filing:** 09/05/2016 **(optional)**

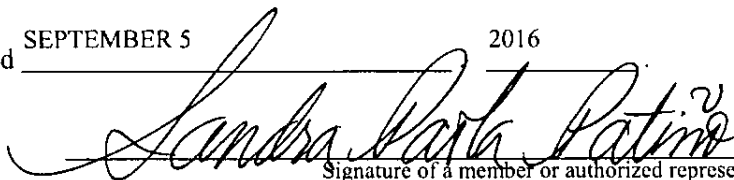
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated SEPTEMBER 5

2016



Signature of a member or authorized representative of a member

SANDRA PAOLA PATINO

Typed or printed name of signee

2016 SEP -9 PM 12:14  
CLERK OF STATE  
FLORIDA

FILED