## L07000020336

(Requestor's Name)				
91,				
(Address)				
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(City/State/Zip/Phone #)				
(,				
PICK-UP WAIT MAIL				
(Dualis and Entitle Name)				
(Business Entity Name)				
L07-20336				
(Document Number)				
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12 FEB 20 PH 2: \$2 SECRETARY OF STATE SALITATIONS OF STATE TALLAHASSEE, FLORID

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## **COVER LETTER**

	tration Section ion of Corporations	
SUBJECT:	La Roca Interna	ational, LLC
30 <b>0</b> 0EC1,	Name of Limited Liab	
The enclosed A	Articles of Amendment and fee(s) are submitted	for filing.
Please return al	Il correspondence concerning this matter to the f	ollowing:
	Fran	cisco Pardo
	N	ame of Person
	La Rev	oltosa Two, Inc.
	F	irm/Company
	8586	SW 40 Street
		Address
	Mia	mi, Fl 33155
	·	tate and Zip Code
	fpardo@ E-mail address: (to be use	larevoltosa.com  I for future annual report notification)
For further info	ormation concerning this matter, please call:	
	Francisco Pardo	at ( 305 ) 551-7707
	Name of Person	Area Code & Daytime Telephone Number
Enclosed is a cl	check for the following amount:	
□\$25.00 Filin	Certificate of Status	S60.00 Filing Fee,   Certified Copy   Certified Copy
		•
	MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



February 6, 2012

FRANCISCO PARDO LA REVOLTOSA TWO, INC. 8586 SW 40 STREET MIAMI, FL 33155

SUBJECT: LA ROCA INTERNATIONAL LLC.

Ref. Number: L07000020336

We have received your document for LA ROCA INTERNATIONAL LLC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 412A00004712

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

		_	2 FEB 20 PH 2: 112
La Roca (Name of the Limited Liability	Interntational, LLO	rs on our record	SETART DE CTATE
La Roca (Name of the Limited Liability (A Florida)	Limited Liability Company)	· · · · · · · · · · · · · · · · · · ·	TAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability C	Company were filed on	02/22/200	and assigned
Florida document numberL0700020336	<u>_</u> ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company he	<u>ere</u> :	
La Roca M	arketing Group, LLC		
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Comp	pany," the designat	tion "LLC" or the abbreviat
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
Enter new mailing address, if applicable:	<u>RESS)</u>		
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u> B. If amending the registered agent and/or regist	tered office address on	our records, <u>e</u>	nter the name of the n
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u> B. If amending the registered agent and/or regist	tered office address on	our records, <u>e</u>	nter the name of the n
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 add  Name of New Registered Agent:	tered office address on	our records, <u>e</u>	nter the name of the n
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 add	tered office address on ress here:	our records, <u>e</u>	
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 add  Name of New Registered Agent:	tered office address on ress here:	nter Florida strec	et address
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 add  Name of New Registered Agent:	tered office address on ress here:		et address

If Changing Registered Agent, Signature of New Registered Agent

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Dr, if this document is being filed to merely reflect a change in the registered office address, I hereby confign 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 MGRM = Managing Member				
<u>Title</u>	Name	Address	Type of Action	
			Add Remove	
			Add Remove	
			Add Remove	
<del></del>			Add Remove	
<del></del>			Add Remove	
<del></del>			Add Remove	
D. If amend	ling any other information, enter change(s	s) here: (Attach additional sheets, if necessary)	FILED  12 FEB 20 PH 2: \$2  SECRETARY OF STATE	
Dated	January 27 , 2012	2/1/		
	Signature of a member of	r authorized representative of a member		
	Fra	ncisco Pardo		
	Typed or	printed name of signee		

Page 2 of 2

Filing Fee: \$25.00