L08000058039

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SECRETARY OF STATE ANASSEE, FLORIDA

N. Cuttigen JUL 2 7 20111

COVER LETTER

TO:	Registration Sec Division of Corp				
SÜBĴI	ECT:	ROCAFORT	CONSULTING LLC		
		Name of Lim	ited Liability Company		
The en	closed Articles of A	Amendment and fee(s) are suit	bmitted for filing.		
Please	return all correspor	ndence concerning this matter	to the following:		
	FREDERIC ROCAFORT				
Name of Person					
	Firm/Company			 	
1497 VIEUX CARRE DRIVE					
TALLAHASSEE, FŁORIDA 32308 City/State and Zip Code FROCAFORT@YAHOO.COM					
	E-mail address: (to be used for future annual report notification)				
For fur	ther information co	ncerning this matter, please of	call:		
· · · •		RIC ROCAFORT	# \ <u></u> /	637-8951	
	Name of	Person	Area Code & Daytime	: Telephone Number	
Enclose	ed 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)	Sectificate 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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11 JUL 26 AN IO: 13

ROCAFORT CONSULTING LLC

[Name of the Limited Liability Company as it now appears on our records.]

(A Florida Limited Liability Company)

JUNE 12, 2008 The Articles of Organization for this Limited Liability Company were filed on and assigned L08000058039 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ROCAFORT LAW P.L. The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1497 VIEUX CARRE DRIVE Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) TALLAHASSEE, FLORIDA 32308 PO BOX 10215 Enter new mailing address, if applicable: TALLAHASSEE, FLORIDA 32302 (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: FREDERIC ROCAFORT Name of New Registered Agent: 1497 VIEUX CARRE DRIVE New Registered Office Address: Enter Florida street address **TALLAHASSEE** Florida __

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member, being added or removed from our records</u>:

MGR = Manager

MGRM = I	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
-			Add Remove
			Add Remove
			Add Remove
	·		Add
		ge(s) here: (Attach additional sheets, if necessa	
			FILI 11 JUL 26 SECRETARY
Dated	July 25 , 20	0 <u>11</u> .	ED 6 AN IO: 13 6 OF STATE EE, FLORIDA
	Signature of a member	r or authorized representative of a member	
	-	DERIC ROCAFORT	
		or printed name of signee	

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Filing Fee: \$25.00