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TALLAHASSEE, FLORIDA

JAN 28 2016
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABOVEROCK LLC

Name of Limited Liability Company

AMENDED & RESTATED ARTICLES OF ORGANIZATION

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

Please return all correspondence concerning this matter to the following:

BHARADWAJ NIPPANI

Name of Person

ABOVEROCK LLC

Firm/Company

8045 Summerlake Circle

Address

JACKSONVILLE, FL 32256

City/State and Zip Code

BVSN@BHARNIPPANI.COM

Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at (_____) _____

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ABOVEROCK, 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 were filed on 12/30/2008 and assigned
Florida document number L080000117414.

This amendment is submitted to amend the following:

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

ABOVEROCK LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

01/19/2016

Please find attached the "Amended & Restated
Articles of Organization" for Abovehook LLC.

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CLERK OF CIRCUIT COURT
ALTAUSSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (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 19th of January, 2016

Signature of a member or authorized representative of a member

BIHARADWAI VENKATA SETHA NIPPANI

Typed or printed name of signee

AboveRock LLC

Amended and Restated Articles of Organization

Article I

Name of the Limited Liability Company:
AboveRock LLC

Article II

Street address of the Principal Office of the Limited Liability Company:
8045 Summerside Circle
Jacksonville, FL 32256

Mailing address of the Limited Liability Company:
PO Box 550508
Jacksonville, FL 32255

Article III

Purpose for which this Limited Liability Company is organized:
Registered Investment Adviser

Article IV

Name and street address of the Registered Agent:
Bharadwaj Venkata Sesha Nippani
8045 Summerside Circle
Jacksonville, FL 32256

As the Registered Agent, I hereby agree in such a capacity to accept service of process for AboveRock LLC at the place designated on this document. I further agree, within the scope of my responsibilities on behalf of the LLC to honor, respect, understand, ask, inquire, seek clarity and to abide by Chapter 605, Florida's Revised Limited Liability Act governing AboveRock LLC. I also acknowledge, to the best of my abilities, my duties, responsibilities and obligations as a Registered Agent.

BHARADWAJ VENKATA SESA NIPPANI

Registered Agent Name

[Signature]
Registered Agent Signature

01/19/2016
Date Signed

Article V

Name and address of the Governor & Manager of AboveRock LLC, a Manager-Managed Limited Liability Company:

Residence Address:
Bharadwaj Venkata Sesha Nippani
8045 Summerside Circle
Jacksonville, FL 32256 USA

Mailing Address:
Bharadwaj Venkata Sesha Nippani
PO Box 550508
Jacksonville, FL 32255

BHARADWAJ VENKATA SESA NIPPANI

Governor & Manager Name

[Signature]
Governor & Manager Signature

01/19/2016
Date Signed