

LD9 000017649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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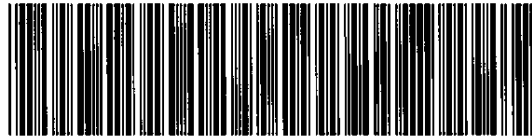
(Business Entity Name)

(Document Number)

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2009 JUN 15 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. CLINE

JUN 16 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Rocky Times Services, 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:

Liset Angela Garcia

Name of Person

Rocky Times Services, LLC.

Firm/Company

13563 SW 179th St.

Address

Miami, Fl. 33177

City/State and Zip Code

rockytimeservices@yahoo.com

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

For further information concerning this matter, please call:

Liset A. Garcia

Name of Person

at (786)

488-1542

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

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TALLAHASSEE, FLORIDA

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

Rocky Times Services, 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 February 16, 2009 and assigned
Florida document number L09000017649.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

13563 SW 179th St.

Miami, Fl. 33177

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13563 SW 179th St.

Miami, Fl. 33177

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TALLAHASSEE, FLORIDA

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:

Liset A. Garcia

New Registered Office Address:

13563 SW 179th St.

Enter Florida street address

Miami

City

, Florida

33177

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.

Liset A. Garcia
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

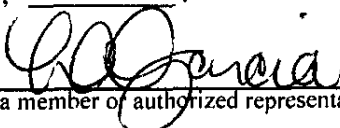
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Liset A. Garcia	13563 SW 179th St. Miami, FL 33177	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Raquel Salazar	13520 SW 120th St. Suite #104 Miami, FL 33186	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGMB	Alexander E. Rubio	13563 SW 179th St Miami, FL 33177	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGMB	Dagoberto Carreon	18354 SW 136 Ave. Miami, FL 33177	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated June 8th, 2009



Signature of a member of authorized representative of a member

Liset A. Garcia

Typed or printed name of signer