L09000034583

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2013 OCT -7 PN 12: 51
SECRETARY OF STATE
AND ARMS SEE FLORIDA

COVER LETTER

TO: Registration Sect Division of Corpo		•	
SUBJECT:	on É Rocco	LLC	
	Name of Limite	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
	Vince Lar	Name of Person	
	Ozona To	Firm/Company	
	191 Orange	Street Address	
	Palm Harbor	City/State and Zip Code	
	Vince lanather E-mail address: (to	be used for future annual report notificati	on)
For further information cor	ncerning this matter, please ca	dl:	
Vince La Ma	Hna	at (\$ 13) 3 \$5 - 4 \$4 Area Code & Daytime Te	lephone 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

FILED 2013 OCT -7 PM 12: 51

SECRETARY OF STATE. TALLAHASSEE, FLORIDA

$\overline{\mathbf{n}}$		THE CONTROLL OF LANDING
Dom + Rucco, 1	LCC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on ou	r records.)
(A Florida Limited	Liaomity Company)	(
The Articles of Organization for this Limited Liability Company	y were filed on OY 0	and assigned
_	· · · · · · · · · · · · · · · · · · ·	
Florida document number <u>L0900034583</u> .		
This amendment is submitted to amend the following:		
	1 *1*4	
A. If amending name, enter the new name of the limited lia	bility company here:	
Ula		
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
• •		
(Principal office address MUST BE A STREET ADDRESS)	M/ W	
Enter new mailing address, if applicable:	191 0000	e STREET
<u> </u>		-
(Mailing address MAY BE A POST OFFICE BOX)	PAIM Had	oor, FL 34683
B. If amending the registered agent and/or registered of		cords, enter the name of the new
registered agent and/or the new registered office address he	ere:	
Name of New Registered Agent:	\	
	NIA	
New Registered Office Address:	Entar Elo	rida street address
	Emer F10	riuu sireet uuuress
		, 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 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.

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 **Address Type of Action** Title Manager Kelly Kerr 1385 Ribolla Drive Paln Harbor Fl, 34683 Remove Remove

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
ted	10/03/13
	Signature of a member or authorized representative of a member
	Vince La Wattina Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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