

L09000048704

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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A. LUNT

JUN 23 2009

EXAMINER

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TALLAHASSEE, FLORIDA

LAW OFFICE

RARICK & ASSOCIATES, P.A.

**The Colonnade at Miami Lakes
6500 Cowpen Road, Suite 204
Miami Lakes, Florida 33014**

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Web Site: RarickLaw.Com

*Also admitted in Indiana & Virginia

Office Manager: Alexis Mayor

June 16, 2009

VIA US MAIL

Registration Section
Florida Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

RE: Certificate of Amendment for MD Rock, LLC Document No. L090000474

To Whom It May Concern:

Enclosed please find a certificate of amendment for the above referenced Limited Liability Company along with a check for \$25.00 for the filing fee. Should you have any questions or concerns please contact my office.

Sincerely,



Tanya Garcia Vega, Esq.

/tgv
Encl.

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MD Rock, 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:

Tanya Garcia Vega, Esq.
Name of Person

Barick & Associates, P.A.
Firm/Company

16500 Cowpen Rd. Suite 20
Address

Miami LAKES, FL 33014
City/State and Zip Code

Tvega@baricklaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tanya Garcia Vega at (305) 556-5209
Name of Person 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

MD ROCK, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

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The Articles of Organization for this Limited Liability Company were filed on May 19, 2009 and assigned

Florida document number LO 9000048704

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)

54 Southport Cove
Bonita Springs, FL 34134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

54 Southport Cove
Bonita Springs, FL 34134

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 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 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	Debra Rotkovich	54 Southport Lane Bonita Springs, FL 34134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Michael Rotkovich	9125 Forest Edge Lane Burr Ridge, IL 60527	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

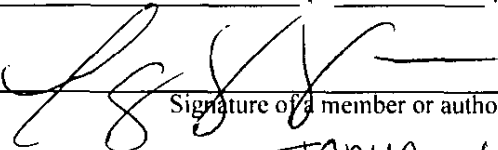
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Dated _____



Signature of a member or authorized representative of a member
Tanya Garcia Vega, Esq.

Typed or printed name of signee