

LA9000070041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

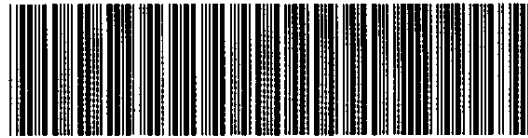
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600183352516

07/27/10--01035--004 \*\*25.00

T. CLINE

JUL 28 2010

EXAMINER

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 JUL 27 PM 1:15

FILED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ROC Retail Group, 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:

Gaston Garcia  
Name of Person  
Roc Retail Group LLC  
Firm/Company  
3600 Hacienda Blvd Ste F  
Address  
Davie, FL 33314  
City/State and Zip Code  
gaston@rocintheweb.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gaston Garcia at 803-309-6977  
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

2015 JUL 27 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Roc Retail Group, 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 7-21-09 and assigned  
Florida document number LD9000070041

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED  
2009 JUL 27 PM 1:15  
SECRETARY OF STATE  
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:

GLBAG, LLC

New Registered Office Address:

3600 Hacienda Blvd Ste F

Enter Florida street address

Davie

City

Florida

33314

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

Title	Name	Address	Type of Action
-------	------	---------	----------------

MGRM	GLGR, LLC		<input type="checkbox"/> Add
------	-----------	--	------------------------------

<input checked="" type="checkbox"/> Remove
--

MGRM	GLGAG, LLC		<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.)

Dated \_\_\_\_\_

Signature of a member or authorized representative of a member

Gaston Garcia  
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

2018 JUL 7 PM 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED