L09000070046

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EXAMINER



400162289224

10/30/09--01016--004 **25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

30 PM 3:

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ROC Retail International LL 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:
Caston Garcia Name of Person Roc Retail International Firm/Company 3600 Hacierala Blvd Stef Address Address City/State and Zip Code Company Action Code Company Action Code Company Action Code Company City/State and Zip Code Company Code Company Code Company Code Company Code Company Code Company Code Code
For further information concerning this matter, please call:
Gaston Garcia at 803-309-6973788 Name of Person at 803-309-6973788
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\times \text{S55.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status Certified Copy (additional copy is enclosed) 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**

ROC Ketail	Lnterna	Tional LC	
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on ed Liability Company)	our records.)	
		2/20	
The Articles of Organization for this Limited Liability Compa	any were filed on	and assigned	
Florida document number <u>L 09000070</u> 0	04U		
·			
This amendment is submitted to amend the following:			
•			
A. If amending name, enter the new name of the limited li	iability company here:		
The new name must be distinguishable and end with the words "L" "L,L,C,"	imited Liability Company,"	the designation "LLC" or the abbreviation	
D.G.C.		2009 SEE	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
		SS 30 F	
		ूं 🖺 📆 🕦	
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		高荒 3	
B. If amending the registered agent and/or registered		ecords, enter the name of the new	
registered agent and/or the new registered office address h	nere:		
Name of New Registered Agent:		Program and appropriate and a second and a s	
New Registered Office Address:			
New Registered Office Address.	Enter Florida street address		
	Planida		
	City	, Florida 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>	Address	Type of Action
M <u>GR</u> I	n <u>EROC, LL</u> C	Bora Raton, F1.	Add Remove
			Add Remove
			Add Remove
			Add According to the control of the
			SSIDAGES REMOVE PROVE
D. If amen	nding any other information, enter chang	e(s) here: (Attach additional sheets, if necessa	Remove
_			
_			
Dated 0		or authorized representative of a member	
	Gast	or printed name of signes	

Page 2 of 2

Filing Fee: \$25.00