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(Requestor's Name)		
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PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TRock Marketing International 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:
Tohn Hernande? Name of Person
J Bock Marketing International LCC
760 Euclid Aug Apt 204
Miami Beach Fla 33139 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sohrn: Hernandez at (305) 297-4869 TO Rea Code & Daytime Telephone Number OF F.
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
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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

Name of the Limited Liabil	octing International lity Company as it now appears on our recommendation of the company of the	L LLC ords.)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on 2/16/10	and assigned
This amendment is submitted to amend the following	:	,
A. If amending name, enter the new name of the l	imited liability company here:	
		201 SE
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Company," the design	gnation "LC" or the abbreviation
Enter new principal offices address, if applicable:		NA -
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office a		i, enter the name of the new
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 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 <u>Name</u> MGR Kenneth C. Hernandez John Hernander MGRM Remove Add Remove \square Add Remove [™]Add Repove 010 MAR - 1 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

Page 2 of 2

Filing Fee: \$25.00