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| (Requestor's Name) | | |
|---|----------------|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone # | () | |
| PICK-UP WAIT | MAIL | |
| (Business Entity Name) | | |
| | | |
| (Document Number) | | |
| Certified Copies Certificates o | f Status | |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Captain 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:

Christopher Tindall

Name of Person

Captain Rock, LLC

Firm/Company

2395 S. WAshington Ave., Ste. 5

Address

Titusville, FL 32780

City/State and Zip Code

christindall@precisiondoor.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Tindall

386₅₂₇-1143

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Captain Rock, LLC | | | |
|--|--|------------------------|---------------|
| (<u>Name of the Limited Liabilit</u> (A Florida | y Company as it now appears on our records Limited Liability Company) | <u>s.</u>) | |
| The Articles of Organization for this Limited Liability (| Company were filed on May 6, 2010 | and assigne | ed |
| Florida document number L10000048891 | · | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the lim | nited liability company here: | | |
| The new name must be distinguishable and end with the wo "L.L.C." | ords "Limited Liability Company," the designat | ion "LLC" or the abbre | eviation |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADD) | RESS) | - <u>2</u> | |
| | | | <u> </u> |
| | | | |
| Enter new mailing address, if applicable: | | . 25 | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | <u> </u> | |
| D. If any all and the second and a second | | \$ N | 1. |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | | iter the name of the | <u>ne new</u> |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida stree | et address | |
| | , Floric | | |
| | 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|---------------------|-------------------------------|----------------|
| MGR | William G. Walden | 2395 S. Washington Ave., Ste. | 5 |
| | | Titusville, FL 32780 | Remove |
| MGR | Christopher Tindall | 2395 S. Washington Ave., Ste. | 5 ✓ Add |
| | | Titusville FL., 32780 | Remove |
| | | | Add |
| | | | Remove |
| | | | Add T |
| | | | Remove |
| | | ·;;;. | Z Add |
| | | | Remove |
| | | | Add |
| | | | Remove |

| If amending any other information, ent | ster change(s) here: (Attach additional sheets, if necessary.) |
|--|--|
| | |
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| | |
| | |
| | |
| September 12 | 2013 |
| | f a member or authorized representative of a member |
| Signature of | f a member or authorized representative of a member |
| William G. Walden | |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00