110000099109

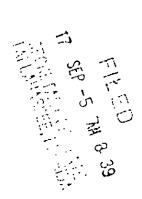
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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09/09/17--01014--001 **25.00



D. SCOTT SEP 6 2017



August 10, 2017

KATHLEEN MALONEY 5420 WINDWARD WAY NEW PORT RICHEY, FL 34652

SUBJECT: ROCKLITTLE LLC Ref. Number: L10000099109

We have received your document for ROCKLITTLE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

NAME ON DOCUMENT DOESN'T MATCH DOCUMENT NUMBER.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 917A00016393

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROCKLITTLE, LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited	uny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited I. Florida document number L10000099109	Liability Company	were filed on 9/22	/2010 and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company her	<u>e</u> :	
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the des	ignation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		5420 WINDWARD WAY		
(Principal office address MUST BE A STREET ADDRESS)		NEW PORT RICHEY, FL 34652		
				
Enter new mailing address, if applicable:		5420 WINDWAF	RD WAY	
(Mailing address MAY BE A POST OFFICE BOX)		NEW PORT RICHEY, FL 34652		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			our records, <u>enter the name of the nev</u>	
5 (20 WIND		ARD WAY		
New Registered Office Address:	Enter Florida street address			
	NEW PORT R	ICHEY	Florida 34652 Zip Code	
		City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:	1	Zip Coale	
I hereby accept the appointment as register, provisions of all statutes relative to the propaccept the obligations of my position as reg	per and complete	performance of n	ipacity. I further agree to comply with the iy duties, and I am familiar with and 🔾	

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability Φ

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Maloney, Michael	60 Queens St.	
		Syosset, NY 11791	■ Remove
			Change
MGRM	Maloney, Kathleen	5420 Windward Way	
		New Port Richey, FL 34652	□ Remove
			☐ Change
			
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ective date, if other than the	e date of filing:		Coption	al)
ective date, if other than the effective date is listed, the date mue: If the date inserted in this b	ist be specific and cannot be	e prior to date of filing or a	nore than 90 days after fil	ing.) Pursuant to 605.0_
ument's effective date on the I	Department of State's re-	cords.	ig requirements, this di	are with the fish at
record specifies a delaye he 90th day after the rec	d effective date, bu cord is filed.	it not an effective	time, at 12:01 a.n	n. on tne earlier
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he 90th day after the red	d effective date, bucord is filed.	of not an effective	time, at 12:01 a.r	n. on the earlier
record specifies a delaye he 90th day after the record specifies a delaye he so that the record sed August - Lathle	cord is filed. 7. 20 2. 20	OCZ.		n. on the earlier

Page 3 of 3

Filing Fee: \$25.00