

L10000099109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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17
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D. SCOTT
SEP 6 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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 Pijaux
Regulatory Specialist

Letter Number: 917A00016393

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
17 SEP -5 PM 8:39
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ROCKLITTLE, 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 9/22/2010 and assigned
Florida document number L10000099109.

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 contain the words "Limited Liability Company," the designation "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 WINDWARD WAY

(Mailing address MAY BE A POST OFFICE BOX)

NEW PORT RICHEY, FL 34652

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:

New Registered Office Address:

5420 WINDWARD WAY

Enter Florida street address

NEW PORT RICHEY

City

Florida 34652

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 605, 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

MGR = Manager
AMBR = Authorized Member

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SEP - 1969
MAR 8 39
Add.
Remove
Change
Add.

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0-5r(3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 7, 2017

Kathleen P. Maloney
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Kathleen Maloney

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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