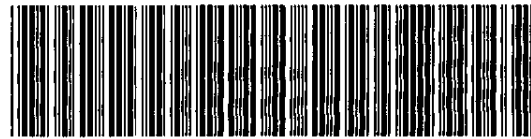


L10000115133



100187633091

11/12/10--01031--004 **25.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L. SELLERS

DEC - 9 2010

EXAMINER

Office Use Only

FILED
10 DEC -2 PM 12:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADROCK INVESTMENTS 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:

Elizabeth C. Pines
Name of Person

Elizabeth C. Pines, P.A.
Firm/Company

4300 Biscayne Boulevard, Suite 305
Address

Miami, FL 33137
City/State and Zip Code

epines@pineslaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth C. Pines at (305) 576-1115
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

LAW OFFICES
ELIZABETH C. PINES, P.A.

4300 BISCAYNE BOULEVARD
SUITE 305
MIAMI, FL 33137-3255

TEL: (305) 576-1115
FAX: (866) 910-2338
EPINES@PINESLAW.COM

November 8, 2010

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

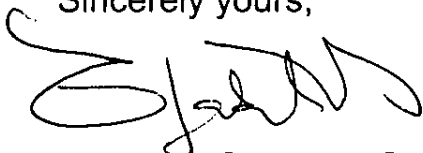
RE: Articles of Amendment of ADROCK INVESTMENTS LLC

Dear Sir/Madam:

Enclosed please find Articles of Amendment of the above corporation filed this past November 4, 2010, and check no. 2619 in the amount of \$25.00 as filing fee.

If you have any question, please contact us at the above.

Sincerely yours,



Elizabeth C. Pines, Esq.

Enc.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 15, 2010

ELIZABETH C. PINES
4300 BISCAYNE BLVD., STE. 305
MIAMI, FL 33137

SUBJECT: ADROCK INVESTMENTS LLC
Ref. Number: L10000115133

We have received your document for ADROCK INVESTMENTS 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 110A00026770

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

ADROCK INVESTMENTS 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 11/04/2010 and assigned Florida document number L10000115133.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

_____ *Enter Florida street address*
_____, Florida
City _____ Zip Code _____

FILED
19 DEC -2 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

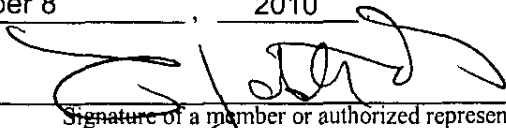
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Higini Cierco	19355 Turnberry Way #24J Aventura, FL 33180	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Higini Cierco	19355 Turnberry Way #24J Aventura, FL 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated November 8, 2010



Signature of a member or authorized representative of a member

Elizabeth C. Pines

Typed or printed name of signee