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(Red	uestor's Name)	
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MAY 03 2016 S. YOUNG

COVER LETTER

	n of Corporations		
SUBJECT:	ROCKHARBOR	Name of Limited Liability Company	C
		Name of Limited Liability Company	
The enclosed Ar	: ticles of Amendment and fee		and the second s
Please return all	correspondence concerning	this matter to the following:	
	E	van Rabinovitz	
		Name of Person	
		ROCKHAMSON	
		Firm/Company	mily to the second
		925 Sourt FEGERAL +	FIGHWAY # 325 ALLAHASSE
		BOCA RATON, FL 33 City/State and Zip Code	432 -2 SSEE
		Evan@ rockharborresident	igl. Com (5)
For further infor	E-ma mation concerning this matte	ail address: (to be used for future annual report not er, please call:	iffication) G 💆
Rich	7 hireips Name of Person	at (954) 553 Area Code Daytin	. 0172
	Name of Person	Area Code Daytin	ne Telephone Number
Enclosed is a ch	eck for the following amoun	t:	
▼ \$25.00 Filin	g Fee		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS: Registration Section	STREET/COUR Registration Secti	

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO 'ARTICLES OF ORGANIZATION OF

ROCKHARDOR EQUITY F.		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abb	
Enter new principal offices address, if applicable:	925 SOUTH FEDERAL ## 325	Hiermay
(Principal office address MUST BE A STREET ADDRESS)	# 325	
	BUCA RATON, FL	-33432
Enter new mailing address, if applicable:	-A4	AHAS
(Mailing address MAY BE A POST OFFICE BOX)		THE PROPERTY.
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		5 G
Name of New Registered Agent:	NA	•
New Registered Office Address:	Enter Florida street address	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	,·*	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fai provided for in Chapter 605, F.S. Or, if	miliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

, or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
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	<u> </u>
	#: Salar
(If an e Note:	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	Apr. 28, 2016.
	las -
	Signature of a member or authorized representative of a member
	Evan Rabinowitz

Page 3 of 3

Filing Fee: \$25.00