

L11000048403

(Requestor's Name)

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2012 AUG 24 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

AUG 27 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HIGHROCK CONSULTANTS 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:

Clifford Martin

Name of Person

Highrock Consultants LLC

Firm/Company

705 N. State Street Suite 522

Address

Ukiah, Calif 95482

City/State and Zip Code

skipmrt@gmail.com

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

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2012 AUG 24 PM 3:14
TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

For further information concerning this matter, please call:

Clifford Martin

Name of Person

at (707) 391 9604

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**

HIGHROCK CONSULTANTS 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 04/25/2011 and assigned
Florida document number L11000048403.

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)

705 N. State Street Suite 522

Ukiah, Calif 95482

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

705 N. State Street Suite 522

Ukiah, Calif 95482

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:

Clifford Martin

New Registered Office Address:

6289 Hollandaire Dr E

Enter Florida street address

Boca Raton

, Florida

33433

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, 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	William Martin	6289 Hollandaire Dr E Boca Raton, FL 33433	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Clifford Martin	705 N. State Street Suite 522 Ukiah, Calif 95482	<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.)*

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 2012 AUG 24 PM 3:48
 SEAL OF THE STATE
 TALLAHASSEE, FLORIDA

Dated August 10, 2012

 Signature of a member or authorized representative of a member
 William Martin

 Typed or printed name of signee