111000126762

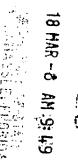
(Requestor's Name)
(Address)
(Address)
(
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Cooding)
0.45-10.45
Certified Copies Certificates of Status
•
Special Instructions to Filing Officer:

Office Use Only



500309988715

03/08/18--01010--018 **25.00



MAR 0 9 2018 Y SULKER

·· COVER LETTER

TO:	Registration Sec Division of Cor	ction porations			
CIID II		Holdings LLC			
SUBJE	ECT:		ited Liability Company	****	
			Name of Limited Liability Company and fee(s) are submitted for filing. Ining this matter to the following: Ining this m		
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please	return all correspon	ndence concerning this matter	to the following:		
		Olivier Picard			
			Name of Person		
		Rockwater Holdings LLC	•		
Firm/Company					
i 703 e hanna ave					
Address					
·					
ohpicard@yahoo.fr					
For fur	ther information co	oncerning this matter, please ca	-	,	
	elipe Marin				
Name of Person			at () Area Code Davtime	Telephone Number	
			ŕ	•	
Enclos	ed is a check for th	ne following amount:			
■ \$2.	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	

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

Rockwater Holdings LLC			
(Name of the Limi	ited Liability Company as it (A Florida Limited Liability	now appears on our records,) Company)	
The Articles of Organization for this Limited L Florida document number £11000126762	Liability Company were f	iled on	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability co	mpany here:	
Rockwater Holdings Group LLC			
The new name must be distinguishable and contain the	words "Limited Liability Com	pany," the designation "LLC" or the a	ibbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREE			
g weeps office that can be of the first of the	<u> </u>		
Enter new mailing address, if applicable:			₹ 8
• • • • • • • • • • • • • • • • • • • •			70
(Mailing address MAY BE A POST OFFICE		China de la companya della companya de la companya de la companya della companya	
B. If amending the registered agent and	l/or registered office a	ddress on our records, enter	the name of the new
registered agent and/or the new registered of	office address here:		20 49 L
Name of New Registered Agent:	Olivier Picard		6
New Registered Office Address:	1703 E Hanna ave		
New Registered Office Address.		Enter Florida street address	
	Tampa	. Florida ³	3610
	Ci	,	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

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
AMBR	Olivier Picard	1703 E Hanna ave. Tampa, FL 336	■ Add
			Remove
			□ Change
			Remove
			Change
			Add
			Change O
			Remove
			Remove
			Change
			□ Add
			Remove
			□ Change

			· · · · · · · · · · · · · · · · · · ·		
					
					_
					_
				# 46 644 () 7 4 4 <u>4 1</u>	
					_8 , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
*****				<u>्र विश्</u> कहे	_===
	<u>.</u>				_0*
100000000000000000000000000000000000000					AH
				٠. بر	<u>.</u>
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot Note: If the date inserted in this block does not meet the	e applicable s	e of filing or mostatutory filing	re than 90 days afte	ional) er filing.) Pursuant to is date will not be l	605.0207 isted as
document's effective date on the Department of State's r	records.				
the record specifies a delayed effective date, b) The 90th day after the record is filed.	out not an	effective ti	me, at 12:01	a.m. on the ea	rlier of
February 28th 2018 Dated	3				
.5.//	· ·				
		renrocentative	of a member		
Signature of a member	or authorized	I CDI COCIII attive			

Page 3 of 3

Filing Fee: \$25.00