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G. HARVEY
FEB 10
EXAMINER

COVER LETTER

TO: Registration So Division of Co			•		
RQC La	s Vegas, LLC				
SUBJECT:	Name of Lim	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Gaston Garcia				
		Name of Person			
	ROC Las Vegas, LL	.C			
		Firm/Company			
	1700 N Commerce	Prkway			
		Address			
	Weston, FL 33326			;4 ; 	
	gaston@rocinthewel	City/State and Zip Code		S FED	
	E-mail address: (to be used for future annual report notif	fication)	- <u>\$ </u>	
For further information of	concerning this matter, please c	all:			
Gaston Garcia		803 309 6977		် မြောင်း မြောင်း	•
Name o	of Person	Area Code Daytimo	e Telephone Number		
Enclosed is a check for the	he following amount:		٠		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	

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

TO ARTICLES OF ORGANIZATION OF

ROC Las Vegas, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 02/07/2012 The Articles of Organization for this Limited Liability Company were filed on and assigned L12000018103 Florida document number 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 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

Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ISNM, LLC	22230 Hollyhock Trail	
***************************************		Boca Raton, FL 33433	
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Page 3 of 3

Filing Fee: \$25.00

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