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EXAMINER

COVER LETTER

TO:

Registration Section

Division of	Corporations		
SUBJECT:	ROCK N	STOCKERS LLC	
Subject.		ited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sul	omitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	•
		LEOVANY OJEDA	
		Name of Person	
	RO	CK N STOCKERS LLC	
		Firm/Company	
	138	315 SW 84TH STREET	
		Address	
		MIAMI, FL. 33183	
	PHOINEO	City/State and Zip Code	
	E-mail address: (SACCTPROF@GMAIL.COM to be used for future annual report notificate	on)
For further informati	on concerning this matter, please of	call:	
L	EOVANY OJEDA	at (786) 25	5-0601
Na	me of Person	Area Code & Daytime To	elephone Number
Enclosed is a check f	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)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Re Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ADDRESS: SEP STATE OF

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROCK N STOCKERS 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 22/28/2012 and assigned	ł
Florida document numberL12000028265	
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 abbre	viation
"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)	
> <u>> 20 </u>	
B. If amending the registered agent and/or registered office address on our records, enter the name of the	e new
registered agent and/or the new registered office address here:	Ristani greati
	ji ji
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida	
City Zin 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>	Type of Action
MGRM	LEOVANY OJEDA	1910 WEST 56 STREET APT 3419 HIALEAH, FL. 33012	✓ Add Remove
MGRM_	ZORAYDA SIRIA	13815 SW 84TH STREET MIAMI FL 33183	☐ Add ☐ Remove
			AddRemove
			AddRemove
			Add Remove
			AddRemove
D. If amen	ding any other information, o	enter change(s) here: (Attach additional sheets, if no	ecessary.)
			2012 AU SEORE
 Dated	AUGUST 15		SEE, r
_	Signature	of a member or authorized representative of a member	33 %
	, 5.8	LEOVANY OJEDA	Dr. 45.
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00