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(Requestor's Name) (Address) (Address)	400235554734	
(City/State/Zip/Phone #)	05/29/1201048011 **25.00	
	D. BRUCE	

Office Use Only

MAY **30** 2012



TO: Registration Section Division of Corporations

ROCODOK LLC

SUBJECT:

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:

ADAM MALNOVE

Name of Person

ROCODOK LLC

Firm/Company

55 SE 2ND AVE

Address

DELRAY BEACH, FLORIDA 33444

City/State and Zip Code

ADAMMALNOVE@MAC.COM

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

For further information concerning this matter, please call:

ADAM MALNOVE at (949) 784-9701 Name of Person 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)

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EE, FLORIDA

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

ROCODOK LLC (<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

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)		AHC AN	AY	
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		E.F	PH	T
Enter new mailing address, if applicable:		s	លួ	D
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		ပ္သ	

B. If amending the registered agent and/or registered office address on our records, <u>enter_the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	<u></u>	
New Registered Office Address:		orida street address
	Liner Pi	. Florida
	City	, FloridaZip 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

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Title	Name	Address	Type of Action				
MGRM	BRIAN MALLOY	353 EAST BROADWAY VISTA, CALIFORNIA 92084	Add Remove				
MGRM	DUKE D STRAUB	731 S DETROIT ST #206 LOS ANGELES, CALIFORNIA 90036	Add Remove				
MGRM	COLT M STRAUB	731 S DETROIT ST #103 LOS ANGELES, CALIFORNIA 90036	Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
D. If amendir	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	T2 HAY 29				
 Dated	MAY 23 . 201						
-	Signature of a member or authorized representative of a member						
<u>-</u>	ADAM MALNOVE Typed or printed name of signee						
Page 2 of 2							
Filing Fee: \$25.00							