

L12000089788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

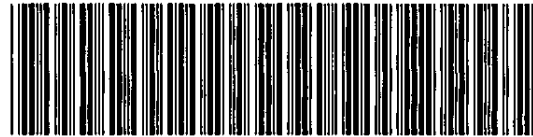
Special Instructions to Filing Officer:

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DEC - 4 2012

EXAMINER



200242172572

11/30/12--01005--011 **30.00

FILED
12 NOV 30 AM 11:17
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rocks on clocks
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:

Ziv Tamir
Name of Person

Rocks on clocks
Firm/Company

4560-post Ave
Address

Miami Beach Fla. 33140
City/State and Zip Code

x Zivtamirhq@gmail.com (ZIVTAMIRHQ@gmail.com)
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

x Ziv Tamir at 214 707-8619
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)

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

SAMS DIAMONDS and WATCHES

(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 7/9/2012 and assigned
Florida document number ~~3570191086~~

12000089788

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Rocks on ~~clocks~~ clocks LLC

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)

12 NOV 30 AM 11:17
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

ZIV TAMIR

New Registered Office Address:

4560- post AV MB
Enter Florida street address

Miami, Florida

City

33140
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.

Ziv Tamir
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:

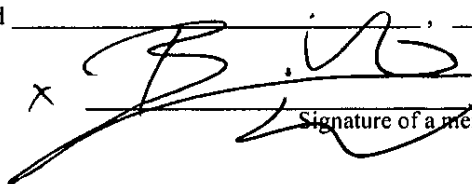
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ORA TAMIR	4560-post Ave Miami Fla. 33140	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ABRAHAM TAMIR	4560-post AV Miami FL 33140	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Shevach TAMIR	4560-post AV Miami Fla. 33140	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Nitzchia TAMIR	4560 post AV. Miami Fla. 33140	<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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____

x 

Signature of a member or authorized representative of a member

ZIV TAMIR

Typed or printed name of signee