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## FILING CANCELLED RETURNED CHECK

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## **COVER LETTER**

Division o	of Corporations '	
CLIDIDATE	pany Name and Address Change	
SUBJECT.	Name of Limited Liability Company	
The enclosed Artic	eles of Amendment and fee(s) are submitted for filing.	
Please return all co	prrespondence concerning this matter to the following:	
	Diego Caraballo	
	Name of Person	
	Roca Procurement LLC	
	Firm/Company	
	6020 NW 99th Ave # 308	
	Address	
	Doral FL 33178	2016
	City/State and Zip Code	
	dcaraballo@rocaprocurement.com  E-mail address: (to be used for future annual report notification)	
For further informa	ation concerning this matter, please call:	€ O
Diego Caraballo	305 547 9506 at ( )	84
N	Name of Person Area Code Daytime Telephone Number	<del></del>
Enclosed is a check	c for the following amount:	
□ \$25.00 Filing F	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Co	of Status &

MAILING ADDRESS:

Registration Section

TO:

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

FILING CANCELLED RETURNED CHECK

Roca Procurement 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 October 19, 2012	and assigned
Florida document number L12000133693		
This amendment is submitted to amend the following:	٨	
A. If amending name, enter the new name of the limited liab	ility company here:	•
Roca Procurement and Investments LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1750 NW 107th Ave	<u></u>
(Principal office address MUST BE A STREET ADDRESS)	# 6	
12 · · · · · · · · · · · · · · · · · · ·	Miami, FL 33172	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the hame of the new
Name of New Registered Agent:		
New Registered Office Address:	د	
	, Florid	Zip Code
No. De la collection of the land of the land of the land	Cuy	Ζιρ Φοιίο
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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00