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## **COVER LETTER**

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**Registration Section** 

TO:

Division of Corporations
SUBJECT: Roca Procurement LLC 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:
Jose L. Almarales  Name of Person  Professional Sarvices Prookkeeping Inc.  Firm/Company
736 N/W 22 nd Aw. Address
City/State and Zip Code  jose Oprofessionalservicesmiami.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:    Jose L. Almarale   at (205) 642-3000   Name of Person   Area Code   Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{Certified Copy} \\ (additional copy is enclosed)\$\$  Certified Copy \\ (additional copy is enclosed)\$\$  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 Tallahassee, FL 32314  2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Roca Prowrement	+ UC		
Roca Prowrener 7  (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company v Florida document number <u>L/2006/33493</u> .		and assig	ned
This amendment is submitted to amend the following:	,		
A. If amending name, enter the new name of the limited liabile  Roca Procurement 9 Iv  The new name must be distinguishable and contain the words "Limited Liability  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		AV	c."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			<del></del>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		r the name of	the new
Name of New Registered Agent:		7 3	
New Registered Office Address:	Enter Florida street address, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	Спу	Zip Code	

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 familia 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

or removed	from our records:		
MGR = M AMBR = A	Aanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Remove
			Add
			☐ Remove
			☐ Change
			☐ Remove
			Change  Add
			☐ Change
			□ Remove
			Change
			Add
			Remove
			Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

Signature of a member or authorized representative of a member	•		
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Filing Fee: \$25.00