L12000149275

(Red	questor's Name)			
(Address)				
(Ado	dress)			
(City	y/State/Zip/Phone #)			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
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12/26/12--01043--003 **25.00

FILED BITCHETARY OF STATE DIVECON OF CORPORATION

DEC 2 7 2012 T. HAMPTON

:		COVER LETTER				
	egistration Section	2	5	1 × 1	م م	
5 SUBJECT	Rockwe	11 Mar	KSI	LC		
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:



For further information concerning this matter, please call:

17.COK

Enclosed is a check for the following amount:

\$25.00 Filing Fee

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□\$30.00 Filing Fee & Certificate of Status □\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

at (<u>518)</u> <u>339 - 5104</u> Area Code & Daytime Telephone Number

> □\$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

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ARTICLES OF A TC ARTICLES OF O	· · · · ·	ILED RY OF STATE CORPORATIONS		
OI	7	5 PM 2:44		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000149275</u> .	were filed on 11129112	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation	"LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter now mailing address, if applicables				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · ·			
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:				
New Registered Office Address:	Enter Florida street d	addrass		
	, Florida City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				

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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, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

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<u>Title</u>	Name	Address	Type of Action
MGRM	Richards, Hichaels	8091 W. Sample Rd	Add
	·	Coval Springs, FL 33065	Remove
HERKY	Richards, Michael A	8091 W. Sample Rd	🔀 Add
		8091 W. Sample Rd Coral Springs, FL 33065	Remove
			Add
			Remove
			12 DEC 26
			Telenandor Signa Construction
			Add
			Remove
			Add
			Remove

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

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Dated December , 2012. 20 Â Signature of a member or authorized representative of a member Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

DEC 26 PM 2: 44 SHOI