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COVER LETTER

TO: Registration Se Division of Cov	ction porations	- · ·	
SUBJECT:	Rockwell A	Duisors LLC	
SUBJECT:		ed Liability Company	
	•		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Fra	nh o Davies	
		Name of Person	
	 	Firm/Company	
	~ 0	1	
	7230 3	Address	
	Delray B	each F(. 33446 City/State and Zip Code Sies Camai/. Com o be used for future annual report notificati	2
•		City/State and Zip Code	
	frankoda	ies comail.com	
	, E-mail address: (t	o be used for future annual report notificati	on)
For further information c	oncerning this matter, please c	all:	
Frank O	lavies	at (561) 312-650	0
Name o	f Person	Area Code & Daytime Te	lephone Number
Enclosed is a check for the	ne 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

Rockwell Adusors	LLC.
(Name of the Limited Liability Company as it no (A Florida Limited Liability C	ow appears on our records.)
The Articles of Organization for this Limited Liability Company were file Florida document number 900 243278099.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	npany here:
The new name must be distinguishable and end with the words "Limited Liabil	agement LC.
The new name must be distinguishable and end with the words "Limited Liabil "L.L.C."	lity Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	Same
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	Jane
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office addregistered agent and/or the new registered office address here:	ress on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
City	, Florida
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 = Mana MGRM = Ma	ger 🔑 🖫 naging Member		
<u>Title</u>	Name	Address	Type of Action
			Add
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ed <u>Jn</u> .	<i>L</i>	Signature of	, 2013. (c 0. (f a member or autho 1 k 0. (rized representative of	a member

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Filing Fee: \$25.00