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(Requ	estor's Name)	·
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2014 JUL -7 PHI2: 11

K.SALY EXAMINER 1111 - 8 2014

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Rockwell Property Monagement 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:
Name of Person  Rochwell Property Monagement Llc.  Firm/Company  7230 Servano Tecracel  Address  Dalry Beh Fl. 33446.  City/State and Zip Code  Info @ Rochwell Mynt. net  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Frank Onvie at (501) 312-6500  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 \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$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

FILED
2014 JUL -7
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1 03 2013 and assigned Florida document number 1 1300001202.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable: 1230 Second Tecroscopy

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

MGR = Manager

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Acti
MGR	Anthony Rondazzo	5300 W. Atlantic Ave #4	DZ_□ Add
	'	5300 W. Atlantic Ave #40 Delray Boh. Fl. 33484	Remove
			🗆 Add
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the date this document is filed by the Florida Department of Sta	cipt or tiled date and cannot be more than 90 days after e)
the date this document is filed by the Florida Department of Stated  Dated  25	e)
Effective date, if other than the date of filing:  The effective date must be specific, cannot be prior to date of receive date this document is filed by the Florida Department of Stated  Dated  3  25  Signature of a member	eipt or filed date and cannot be more than 90 days after e)

Page 3 of 3

Filing Fee: \$25.00