

LL3000011345

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18 FEB 26 AM 7:35
TALLAHASSEE, FLORIDA

J. LEGGETT
FEB 27 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NATIONAL RETIREMENT BENEFITS, 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:

KEITH W. YOUNG

Name of Person

NATIONAL RETIREMENT BENEFITS, LLC

Firm/Company

515 STONEBURY DR.

Address

SOUTHLAKE, TEXAS 76092

City/State and Zip Code

IKWYOUNG@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEITH W. YOUNG

at (682)

230-2201

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

NATIONAL RETIREMENT BENEFITS, 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 JANUARY 23, 2013 and assigned
Florida document number L13000011345.

This amendment is submitted to amend the following:

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

ROCKVIEW FINANCIAL, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

KEITH W. YOUNG

515 STONEBURY DR.

SOUTHLAKE, TX 76092

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

515 STONEBURY DR.

SOUTHLAKE, TX 76092

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:

STEPHEN A. YOUNG

New Registered Office Address:

1818 RODMAN STREET, 2H

Enter Florida street address

HOLLYWOOD

Florida

33023

City

Zip Code

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KEITH W. YOUNG	515 STONEBURY DR.	<input checked="" type="checkbox"/> Add
		SOUTHLAKE, TEXAS 76092	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STEPHEN A. YOUNG	1818 RODMAN STREET, 2H	<input checked="" type="checkbox"/> Add
		HOLLYWOOD, FL 33020	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PAULA COMPETELLI	3009 NORTHFIELD DRIVE	<input type="checkbox"/> Add
		TARPON SPRINGS, FL 34688	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TONY COMPETELLI	3009 NORTHFIELD DRIVE	<input type="checkbox"/> Add
		TARPON SPRINGS, FL 34688	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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18 FEB 26 AM 7:35
TALLAHASSEE FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated FEBRUARY 20 2018

Signature of a member or authorized representative of a member

KEITH W. YOUNG

Typed or printed name of signee