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FILED SECRETARY OF STATE SECRETARY OF STATE

K. SALY MAY -3 2017

## **COVER LETTER**

TO: Registration Sect Division of Corpo	rations		
subject: <u>ROCKI</u> I	VRECOVERY U Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
	MIKE NUSSI	2Q LL IVA Name of Person	
`\		Firm/Company	
•	7300 W. Car	MINO REAL STE	206
	Bora Ratur		
	M.Nussbaur E-mail address: (t	METCEL. CON o be used for future annual report notifica	lution)
For further information con	cerning this matter, please ca	11:	
MIKE NUSS Name of P	baum	ut \	2024 elephone 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

	POLLED
	ZOITHAY _ PM 3:51
	TALLAHASSEE, FLORIDA
<u>s.</u> )	E, FLORIDA

Packin RI (Name of the Limit	ed Liability Company as (A Florida Limited Liabil	it now appears on our	ecords.)	STATE
\	(A Florida Limited Liabil	ity Company)	•	-URIDA
The Articles of Organization for this Limited Li	ability Company wer	e filed on 8/19		
Florida document number L1300011 L09				
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liability	company here:		
The new name must be distinguishable and contain the w	ords "Limited Liability C	ompany," the designation	"LLC" or the abbreviation "L.L.C	<del></del>
Enter new principal offices address, if applic	abla			
(Principal office address MUST BE A STREE	<u> </u>			
	_			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE)	ROY)			
Walling uddress MAT BE A FOST OFFICE	<u> </u>			
			· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/ registered agent and/or the new registered of	· ·	address on our re	cords, enter the name of	the nev
Name of New Registered Agent:	Assoloy	Klebba		<u>.</u>
New Registered Office Address:				
		Enter Florida street	address	
			, Florida	
		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> Name **Address Type of Action** AMBR 5201 Van Buren RD. MIKE NUSSEAUM DELPAY BEACH FL 33464 | Remove ☐ Change Gregory, Goyins MGIR DELRAY BEACH, FI 33444 O'Remove ☐ Change ☐ Add ☐ Remove Change ☐ Add ☐ Remove ☐ Change ☐ Add □ Remove

\_□ Change

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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of fil  lote: If the date inserted in this block does not meet the applicable statute	ling or more than 90 days after filing.) Pursuant to 605.0207 (3
ocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effe	ctive time, at 12:01 a.m. on the earlier of:
The 90th day after the record is filed.	
and desired the second	
pated	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00