## L14000000725

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT II MAIL
(Business Entity Name)
(Sasmess Zink, risins)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



000303150890

09/13/17--01019--026 \*\*25.00

FILED

17 SEP 13 PH 1: 53

DIVISION OF CURETURE TEAMS

O STIVMONS

## **COVER LETTER**

TO: Registration Section Division of Corpora		÷
SUBJECT: Rock	_ Soli J	Muc ST Ment Croup LLC Limited Liability Company
The enclosed Articles of Ame	endment and fee(s) are	submitted for filing.
Please return all corresponder	nce concerning this nia	atter to the following:
-		Name of Person
-	V, Cro	Firm/Company
-	Name of Limited Liability Company  Indian and fee(s) are submitted for filing.  See concerning this matter to the following:  VICTOV (ISCAC)  Name of Person  VICTOV (ISCAC)  Name of Person  VICTOV (ISCAC)  Name of Person  VICTOV (ISCAC)  Address  VICTOV (ISCAC)  Firm/Company  GO (ISCAC)  Address  City/State and Zip Code  VICTOV (ISCAC)  E-mail address: (to be used for future annual report notification ning this matter, please call:  Area Code  Obytime Teleptorporations  The Component of Corporations  STREET/COURIER A  Registration Section  Division of Corporations  The Corporations  Cliffon Building	
-	Tian	m: FL 33132
_	E-mail addre	ess: (to be used for future annual report notification)
For further information conce	rning this matter, plea	se call:
Name of Per	Nocha	at (305) 774-9111 Area Code Daytime Telephone Number
Enclosed is a check for the fo	Howing amount:	
S25.00 Filing Fee C	1 \$30.00 Filing Fee & Certificate of Statu	S Certified Copy Certificate of Status &
Registration	Corporations 327	Division of Corporations

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Dock Son	d Investment Group LLC
(Name of the Limit	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
	15.155
,	lability Company were filed on 14 Ave/y 15, 2015 and assigned
Florida document number \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	000725
This amendment is submitted to amend the following	owing:
A. If amending name, enter the new name of	 [ the limited liability company here:
The new name must be distinguishable and contain the v	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:
(Principal office address MUST BE A STREE	TADDRESS)
	TADDRESS)
	£ 5 5
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	
manng address mili DE NI 661 OF FEE	<u> </u>
	<del></del>
	or registered office address on our records, <u>enter the name of the new</u>
registered agent and/or the new registered of	fice address here:
Name of New Registered Agent:	
New Registered Office Address:	
res registered 5 mee ; radiegs.	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing I	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

•			
	authorized Person(s) authorized to om our records:	manage, enter the title, name, and address of eac	h person being added
MGR = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Bonnie S. Kluper	940 Bis (4/2 Blue 0-GC3 Michi, 12 33122	
			Remove
			Change
			Add
			Remove
			Change
			O Change 1:53
			13 TED
			□ Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			D Change

If amending any other informati	on, enter ch	ange(s) here:	(Attach additie	onal sheets, if ne	cessarv.)	
amending any other miorina.			(, , , , , , , , , , , , , , , , , , ,			
		_				
		<del></del>	-			
				-		
		_				
	İ				DIVIE OF	
<del></del>					OH C	 5
					THE SEP 13 PH 1: DELLAR	1
······································			_			- -
<del>-</del>					ا ين	jî j#⊹
			<u>-</u>	<u> </u>	<u>-</u>	
			·			
			<u></u>			
	<u>!</u> !					
ffective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo ocument's effective date on the De	be specific and ck does not m	cannot be prior to teet the applical	o date of filing or m ble statutory filin	(op nore than 90 days aff g requirements, th	tional) ler filing.) Pursuant to 605 his date will not be list	.0207 ed as
e record specifies a delayed The 90th day after the reco		ate, but not	an effective t	time, at 12:01	. a.m. on the earli	er of
ated September	<u>.</u>	2017				
		\_\				
	Signature of a n	nember or author	rized representative	of a member	· · · · · ·	
	V	、 <u>こてひ</u> /	I name of signee	Cha		
		Typed or printed	I name of signee			
		Page	3 of 3			
		_	e: \$25.00			