

L14 000027862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

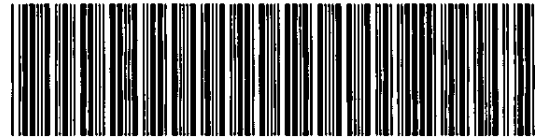
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200259250562

04/25/14--01007--023 **25.00

FILED
2014 APR 25 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 30 2014

T CLINE

ROCK SOLID BUSINESS LAW, PLLC

John McE. Miller, Esquire

3010 Third Street South

Jacksonville Beach, FL 32250

Phone: (904) 241-1113 Fax: (904) 249-0841

info@rocksolidbusinesslaw.com

Department of State
Division of Corporations
Attention: Division of Corporation
P.O. box 6327
Tallahassee, Florida 32314

Re: Articles of Amendment Rock Soul LLC

Dear Sir and/or Madam:

In connection with the above-referenced Florida corporation, please find enclosed the Articles of Amendment to be filed by your office. Enclosed in out firm's check in the amount of \$25.00.

If you should have any questions, please do not hesitate to call.

Respectfully submitted,



Trudi Elegino, Paralegal to
John McE. Miller, Esquire

Enclosures (2)

2014 APR 25 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

Rock Soul LLC

SUBJECT: _____
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:

Trudi Elegino

Name of Person

Rock Solid Business Law, PLLC

Firm/Company

3010 Third St S

Address

Jacksonville Beach, FL 32250

City/State and Zip Code

paralegal@rocksolidbusinesslaw.com

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

2014 APR 25 PM 01:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Trudi Elegino

904 241-1113

at ()

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

Amendment
TO
ARTICLES OF ORGANIZATION
OF

Rock Soul 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 02/18/2014 and assigned
Florida document number L14000027862

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 "L.L.C."

Enter new principal offices address, if applicable:

(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

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

Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

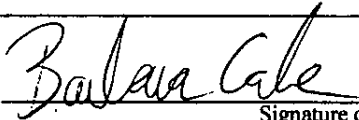
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Larry Shane Cabe	1174 Tolkien Lane	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32225	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2014 APR 25 PM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 4, 2014



Signature of a member or authorized representative of a member

Barbara Cabe

Typed or printed name of signee

FILED
2014 APR 25 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA