## L14000033715

(Requestor's Name)						
(Address)						
(Ad	ldress)					
(Cit	ty/State/Zip/Phone	• #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	isiness Entity Nan	ne)				
(Document Number)						
Certified Copies	Certificates	of Status				
Special Instructions to Filing Officer:						





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FILED

UUH 0 8 2015 D. BRUCE CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 658056/ 149697A

AUTHORIZATION: THE BERNE

COST LIMIT : \$ 25.00

ORDER DATE: June 5, 2015

ORDER TIME : 9:18 AM

ORDER NO. : 658056-005

CUSTOMER NO: 149697A

## DOMESTIC AMENDMENT FILING

NAME: ROCK RDP 2, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER'S INITIALS:

NS JUN -5 A II: O

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROCK RDP 2, LLC		
(Name of the Limited Limitaly (A Florida Li	Company as it now appears on our records.) inited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Com- Florida document number <u>L14000033715</u>	npany were filed on February 27, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and end with the words "Limite	ed Liability Company," the designation "LLC" or the e	obbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	525)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2015 JUN -S SECRE NARY
B. If amending the registered agent and/or register registered agent and/or the new registered office address	ed office address on our records, enter s here:	The name of the ner
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
<del></del> -	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

D.	If amend	ing any	other	information	, enter chi	ange(s) here:	(Allo	ach additional shee	ts, if necessary.)
	_	-			<del></del>				
	<del></del>			**************************************					<del></del>
	_								
			<del> </del>				<del></del> -		
	Effective The effective the date thi	date, if e e date mu s documen	other : at be apo at is file	than the data ecific, cannot be d by the Florida	e of filing: prior to date Department	of receipt or file of State)	ed date	and cannot be more tha	(optional) n 90 days after
	Dated	Apr		8		2015	<b>_</b> ·		
		<del></del>		ma	<u>~</u>		`		
		Gregg	I. Zu	sign ckerman				presentative of a mount	eci
					-	voed or printed	name	of signee	

Page 3 of 3

Filing Fee: \$25.00

2015 JUN -5 A II: 08
SECRETARY OF STATE

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

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Rock Cellular, LLC	145 Lincoln Ave Ste B	
		Winter Park, FL 32789	■ Remove
,		<u></u>	
MGR	Rock Cellular, LLC	145 Lincoln Ave Ste B	■ Add
		Winter Park, FL 32789	Remove
MGR	Retail Development	961 N. Park Avenue	
	Properties, LLC	Winter Park, FL 32789	■ Remove
			Remove 2015 JUN -5 A PER 1: 08  SECRETARY OF STATE FLORIDA
			□ Add