

L 14 0000 75670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ROCK & ROLL EXPRESS 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:

**VANESSA TORRES**

Name of Person

**ALL AMERICAN PERMITS LLC**

Firm/Company

**5050 NW 74TH AVE SUITE 104**

Address

**MIAMI FL 33166**

City/State and Zip Code

**permits2009@live.com**

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

For further information concerning this matter, please call:

**VANESSA TORRES**

Name of Person

**888 882-5264**

at (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**

**ROCK & ROLL EXPRESS 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 03/03/2014 and assigned  
Florida document number L14000035070.

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)**

3312 42ND STREET WEST

LEHIGH ACRES FL 33971

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

3312 42ND STREET WEST

LEHIGH ACRES FL 33971

**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:

RAFAEL OSMIN ALVAREZ

New Registered Office Address:

3312 42ND STREET WEST

Enter Florida street address

LEHIGH ACRES

City

Florida

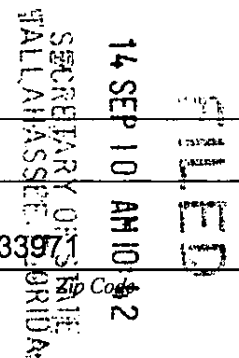
33971

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	RAFAEL OSMIN ALVAREZ	3312 42ND ST WEST LEHIGH ACRES FL 33971	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
P	RICHARD ALVAREZ	850 WEST 49TH ST HIALEAH FL 33012	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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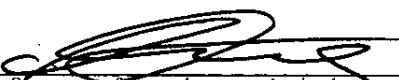
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 SEPTEMBER 03, 2014



Signature of a member or authorized representative of a member

**RAFAEL OSMIN ALVAREZ**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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