L14000039841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

JUN - 9 2015

T. HAMPTON

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ROCCO-FELICIONI ASSOCIATED, 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:

CAROLINA ROCCO
Name of Person

ROCCO-FELICIONI ASSOCIATED, LLC
Firm/Company

717 SHOTGUN RD
Address

SUNRISE, FL 33326
City/State and Zip Code

CROCCO@TRAMITESCONSULARES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROLINA ROCCO at (954) 6813136
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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 JUN -8 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 1, 2015

CAROLINA ROCCO
717 SHOTGUN RD
SUNRISE, FL 33326

SUBJECT: ROCCO-FELICIONI ASSOCIATED, LLC
Ref. Number: L14000039841

We have received your document for ROCCO-FELICIONI ASSOCIATED, LLC and your check(s) totaling $30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 915A00011453

June 4, 2015

Tammy Hampton
Registration Section
Division of Corporations
FLORIDA DEPARTMENT OF STATE

SUBJETC: ROCCO-FELICIONI ASSOCIATED, LLC
(Ref. Number: L14000039841)
Articles of Amendment

Dear Ms. Hampton

First of all I apologize for any inconvenience we may have caused you. Pursuant to your request from June 1, I am resending you the document "Articles of Amendment to Articles of Organization of Rocco-Felicioni Associated, LLC" signed.

If there's anything else I can do for you, please do not hesitate to contact me at my cell phone number 954 681 3136 or my e-mail crocco@tramitesconsulares.com.

Kind Regards,

Carolina Rocco

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ROCCO-FELICIONI ASSOCIATED, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/10/2014 and assigned Florida document number L14000039841.

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 contain 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

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

Title	Name	Address	Type of Action
MRG	Lamanna de Rocco, Rosalba	1339 St. Tropez Circle #308. Weston, FL 33326	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated MAY 19th, 2015

CAROLINA ROCCO

Signature of a member or authorized representative of a member

CAROLINA ROCCO

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

Filing Fee: $25.00