L1400052114

| (Re | equestor's Name) | |
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| (City/State/Zip/Phone #) | | |
| PICK-UP | MAIT | MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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April 9, 2014

ALEXANDRA ROCHA 10284 CANOE BROOK CIRCLE BOCA RATON, FL 33498

SUBJECT: ROCKAWAY LABS LLC Ref. Number: L14000052114

We have received your document for ROCKAWAY LABS LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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.

Letter Number: 814A00007590

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

www.sunbiz.org

COVER LETTER

| TO: Amendment Section Division of Corporations | | | |
|---|--|--|--|
| SUBJECT: ROCKAWAY LABS LLC | | | |
| DOCUMENT NUMBER: L140000521 | ame of Corporation | | |
| The enclosed Articles of Correction and fee are submitted for filing. | | | |
| Please return all correspondence concerning this matter to the following: | | | |
| Alexander Rocha | | | |
| Name of Contact Person | | | |
| ROCKAWAY LABS LLC | | | |
| 10284 CANOE BROOK CIRCLE | | | |
| BOCA RATON, FL 33498 | | | |
| admin@rockawaylabs.com | | | |
| E-mail address: (to be used for future annual report notification) | | | |
| For further information concerning this matter, please call: | | | |
| Alexander Rocha Name of Contact Person | at (567) 8433968 Area Code & Davtime Telephone Number | | |
| | | | |
| Enclosed is a check for the following amount: | | | |
| □ \$35.00 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status | | |
| ■ \$43.75 Filing Fee & Certified Copy | ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy | | |
| Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | |

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. The name of the limited liability company is:_____ROCKAWAY LABS LLC FIRST: The Florida Document number of the limited liability company is: L14000052114 SECOND: THIRD: Document to be corrected is: Articles of Organization for Florida LLC (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Incorrectly added Alexandra F Di Luca as an authorized person to manage the LLC. Alexandra F Di Luca should not be listed as part of this LLC. Myself, Alexander Rocha, should be the only person listed in the articles of incorporation. Thank you for your prompt attention to this matter. <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> The electronic transmission of the record was defective. 04/24/2014 Signature of Authorized Representative Date Filing Fee: \$25.00

Certified Copy:

\$30.00 (optional)