

L14600068727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

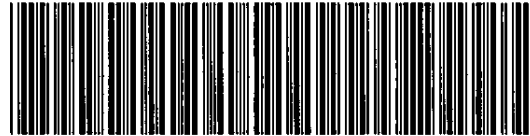
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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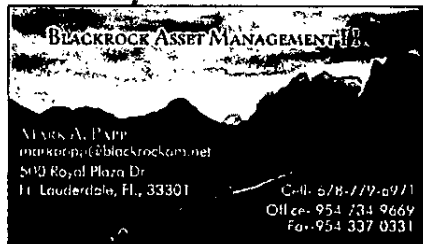


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TALLAHASSEE, FLORIDA

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September 15, 2014

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL, 32314

To: Registration Section  
Division of Corporations

Dear Sir or Madam

The enclosed Articles of Amendment and your fees are attached and are being submitted for filing. Due to a copyright infringement we are requesting a name change for our LLC filed in your state. Please return all correspondence to the address on the card above. If you need to reach me with any questions please feel free to do so at the number listed above.

Enclosed is:  
Articles of Amendment  
\$60.00 Filing fee, Certificate of Status and Certified Copy

Thank you for your cooperation.

Mark A. Papp  
Manager

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**BLACKROCK ASSET MANAGEMENT, 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 APRIL 28, 2014 and assigned Florida document number L14000068727.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

SILVER ROCK ASSET MANAGEMENT, LLC

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:

NO CHANGE

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NO CHANGE

(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:

NO CHANGE

New Registered Office Address:

Enter Florida street address

City

, Florida

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**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>
_____	_____	<u>NO CHANGE</u> _____	<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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E. Effective date, if other than the date of filing: OCTOBER 1, 2014 (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 15, 2014.

*Mark A Papp*

Signature of a member or authorized representative of a member

MARK A PAPP MANAGER

Typed or printed name of signee

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Filing Fee: \$25.00

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