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	(Requestor's Name)
	(Address)
	,
	(Address)
	(City/State/Zip/Phone #)
	./
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
,	
Special Instructions to	o Filing Officer:

Office Use Only



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COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT: TA	Mahassee Rock	Real Estat	te LLC
Sobsiter:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Miz	thelle Manav	<u> </u>
		Name of Person	
	T	allahassec	Rock Real Botate
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	1924	Delly and D	~\(\alpha\)
		Dellwood D Address	rive
		All ahassee City/State and Zip Code	FL 32303
	E-mail address: (to be used for future annual	report notification)
For further information e	oncerning this matter, please c	all:	
Michell	e Manausa	850	508-1663
Name of	Person	at (300) Area Code	508-1563 Daytime Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of Status &
Mailing Address		Street Ad	
Registration S Division of C		•	ition Section of Corporations
P.O. Box 632	7	The Cer	ntre of Tallahassee
Tallahassee, F	FL 32314	2415 N.	Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tallahassee K	OCK Real Estate, LLC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company	were filed on 5/14/2014 and assigned
Florida document number <u>L14000078240</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	222
	1
	器コー
Enter new mailing address, if applicable:	SS SS S
(Mailing address MAY BE A POST OFFICE BOX)	The second second
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registere
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 agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p	performance of my duties, and I am familiar with and

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

<u>Title</u>	Name	Address	Type of Action
<u>AMB</u> R	Ronald Rice	1934 Dellwood Drive	[vAdd
		Tallahassee FL 323	93_ □Remove
		 	□Change
			🗆 🗖 Add
			Remove
			□Change
			
			🗆 Remove
			🗆 Change
			🗀 Add
			□Remove
			□Change
			🗆 Add
			□ Remove
			□Change
			□Add
			□Remove
			□ Change

	<u></u>
	
	
fective dat	e, if other than the date of filing: (optional)
	te is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020' ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	fective date on the Department of State's records.
	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
ated	March 17 2022
	1.100111
	Michelle Maraesa
	March 17. 2022. Michaelle Marcesse Signature of a member or authorized representative of a member
	Mi'chelle Manausa Typed or printed name of signee
	17117.817 1 T C - 17174 17 74