

L14000084659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

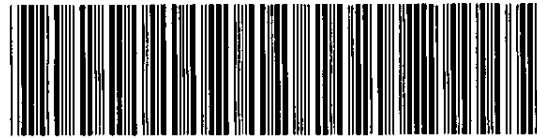
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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SEP 03 2014
D. BRUCE



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 276163 8010293

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 25.00

ORDER DATE : August 28, 2014

ORDER TIME : 2:17 PM

ORDER NO. : 276163-010

CUSTOMER NO: 8010293

DOMESTIC AMENDMENT FILING

NAME: ROCHA MOUNT LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: _____

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TALLAHASSEE FLORIDA

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

ROCHA MOUNT 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 05-27-2014 and assigned
Florida document number L14000084659.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DALLAS
TEXAS

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 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> |
|--------------|------------------------------|-------------------|--|
| MGR | JOSE HAMILTON LIM | 4832 SW 173 AVE | <input type="checkbox"/> Add |
| | | MIRAMAR, FL 33029 | <input checked="" type="checkbox"/> Remove |
| MGR | ANDREA LIMA | 4832 SW 173 AVE | <input type="checkbox"/> Add |
| | | MIRAMAR, FL 33029 | <input checked="" type="checkbox"/> Remove |
| MGR | JOSE HAMILTON ROCHA LIMA | 4832 SW 173 AVE | <input checked="" type="checkbox"/> Add |
| | | MIRAMAR, FL 33029 | <input type="checkbox"/> Remove |
| MGR | ANDREA FILOMENA GARCIA ROCHA | 4832 SW 173 AVE | <input checked="" type="checkbox"/> Add |
| | | MIRAMAR, FL 33029 | <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.)*

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 more than 90 days after filing.) (605.0207 (3)(b))

Dated 08/29, 2014.

Jose Hamilton de Roche Lima

Signature of a member or authorized representative of a member

Jose Hamilton Rocha Lima, Manager

Typed or printed name of signee

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Filing Fee: \$25.00

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