

L1400143423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

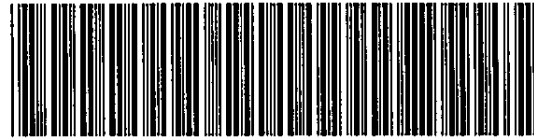
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
16 DEC -9 PM 12: 26

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROCKD INVESTMENTS "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:

SAUL SERNA.

Name of Person

Firm/Company

7210 E. STATE ST R.

Address

ROCKFORD ILLINOIS 61108.

City/State and Zip Code

SAULS @ BUSINESSFORLIFE.biz

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAUL SERNA.

Name of Person

at (305) 906-2247.

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

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

ROCKD L INVESTMENTS "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 9/15/2014. and assigned Florida document number L 14000 14 34 23.

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)

1110 Brickell Ave Suite 402-7
MIAMI FL 33131.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7210 E. State St.
ROCKFORD, FL 61088
Suite 102.

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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:

SAUL SERNA.

New Registered Office Address:

1110 BRICKELL AVE SUITE 402-7.

Enter Florida street address

MIAMI

City

Florida

33131.

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PULIDO, HERNANDEZ	9801 NW 52ND W	<input type="checkbox"/> Add
		DORAL, FL 33178.	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHACON, MARIA T	9881, NW 52ND LN	<input type="checkbox"/> Add
		DORAL, FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROMERO, JHONNY.	7210 E. STATE ST	<input checked="" type="checkbox"/> Add
		Rockford, IL 61108.	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	QUINTERO, MANUELA	7210 E. STATE ST	<input checked="" type="checkbox"/> Add
		Rockford, IL 61108.	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: 12/1/2016 (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 12/1/2016
[Signature]
Signature of a member or authorized representative of a member

HERNANDO Pulido
Typed or printed name of signee