

L14000143423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

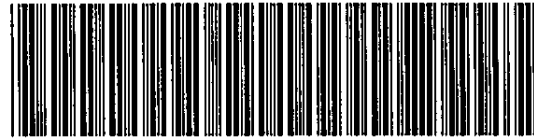
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. YOUNG

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROCKD 1 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

SAUL.S @ 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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RCKD I INVESTMENTS "LLC"

Page 1 of 3

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, HERNANDO	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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TALLAHASSEE, FLORIDA

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 V. P. O.
Signature of a member or authorized representative of a member
HERNANDO O. PULIDO
Typed or printed name of signee