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. (Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
	Office Use Only	



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COVER LETTER

TO: Registration Section Division of Corpor				
SUBJECT:	20ck Tide 1 Name of Limit	Realty LLC ed Liability Company		
The enclosed Articles of Am	nendment and fee(s) are subm	nitted for filing.		
Please return all corresponde	ence concerning this matter to	o the following:		
	Davic	Name of Person()		
		Firm/Company		
	PO	Box 1803		
		Address		
	LaBelle	, FL 33975		
_	- TO	FL 33975 City/State and Zip Code Peregrin@GMail	, com 🚆 🚆	
	E-mail address: (to	o de usea fortuture annuai report noufic	SECRETAL LAHA	77
For lutther information conc	cerning this matter, please cal	U:	<u>∽</u>	
Daniel Pere	g/N rson	at (407) 782 - 8	8202 ST ON Telephone Number 7	
		·	Telephone Number	
Enclosed is a check for the fo	ollowing amount:		Pri 2	
\$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

TO ARTICLES OF ORGANIZATION OF

	RockT	ide Realty LL		
	(Name of the Limite	ed Liability Company as it now appears of A Florida Limited Liability Company)	n our records.)	
	ticles of Organization for this Limited Li document number <u>L140001483</u>		1/22/2014	and assigned
This an	nendment is submitted to amend the follo	wing:		
ار A. If a	mending name, <u>enter the new name of</u>		:	
The new	name must be distinguishable and contain the w	LLC	region "I C" or the a	hbreviotion "LC"
Enter :	new principal offices address, if applications of the pal office address MUST BE A STREE	able: $N/A - S$	Existing is	
	new mailing address, if applicable: ng address MAY BE A POST OFFICE I	N/a- Sxisting	is coment	20166 H
B. If registe	amending the registered agent and/orthe new registered of	or registered office address on o fice address here:	ASSE Enter	
	Name of New Registered Agent:	NA - Existing is	curent \$	
New	New Registered Office Address:	NA - Existing is 598 E Ft. Thompson Enter Florida	Avestreet address	· ··· ;
		LaBelle	, Florida	33935
		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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Donal O Pereguin	598 E Ft Thompson	Are Add
	· ·	La Belle, FL 33935	Remove
			Change
MGR	Elizabeth J Paregrau	598 E Ft Thompson 1	re 🗆 Add
		La Belle, FL 33935	Remove
			Change
			□ Remove
			Change
		TALL AH	Add T
		SEE FI	Add Remove Co Change
		ORIDA	7.9. ○ □ Add
			Remove
			Change
			□ Remove
			☐ Change

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	AS 20 C C C C C C C C C C C C C C C C C C	
	AR TI	
	SA SSR	
E. Effect	tive date, if other than the date of filing: (optional)	007 (0) d \
Note:	flective 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 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	207 (3)(b) l as the
docur	ment's effective date on the Department of State's records.	
if the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier	of:
ווו (ט)	e 90th day after the record is filed.	
Data	1 March 14th 2016	
Dated	1 March 14 ¹² , 2016.	
	120 P	
	Signature of a member or authorized representative of a member	
	T I P	
	Typed or printed hame of signee	
	t yped or printed-name of signee	

Page 3 of 3

Filing Fee: \$25.00