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COVER LETTER

то:	Registration Se Division of Cor			, .		
eub it		CK CAPITAL HOLDINGS LL	C			
SUBJF	X.1:	Name of Limi	ited Liability Company	- 		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	indence concerning this matter	to the following:			
		CAMILO A LOPEZ				
			Name of Person	., ., .,,,,,,,		
		BLUE ROCK CAPITAL. I	HOLDINGS LLC			
			Firm/Company			
	4100 N. MIAMI AVENUE, 2ND FLOOR					
Address						
		MIAMI, FL 33127				
			City/State and Zip Code			
		gaby@thesolutiongroup.net				
		E-mail address: (t	to be used for future annual report notif	ication)		
For fur	ther information c	oncerning this matter, please co	all:			
Gabrie	la Polanco		305 438-1259 at ()			
Name of Person			Area Code Daytimo	Telephone Number		
Enclos	ed is a check for th	ne following amount:				
\$2:	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2015 AUG II PN 3: 24

SUCCEPTANT OF STATE TALL ANALYSIS, FLORIDA

BLUE ROCK CAPITAL HOLDINGS 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	y were filed on November 6, 2014	and assigned
Florida document number L14000173212		
This amendment is submitted to amend the following:		
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 "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida		
The new name must be distinguishable and contain the words "Limited Liab	ulty 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)		
		r the name of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
The Tregistered Stiller Hames,	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>ı:</u>	
I haraby accent the appointment of registered agent and ag	rea to get in this capacity. I further a	gree to comply with the

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>	Address	Type of Action
MGR	CAMILO A. LOPEZ	4100 N MIAMI AVE, 2ND FLR,	= Add
		MIAMI, FL 33127	☐ Remove
			☐ Change
			Add
			Remove
		***	Change
			☐ Add
			□ Remove
			Change
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fective date, if other then the street of th	an the date of fili	AUGUST	3, 2015	or more than 90 days a	ptional) after filing.) Pursuant to (505.02
ote: If the date inserted in secument's effective date o	this block does not	t meet the appl	icable statutory f	iling requirements,	this date will not be l	isted a
seament's effective date o	i the Department of	state s record	3 .			
e record specifies a d	elayed effective	date, but n	9t an effectiv	e time, at 12:0	1 a.m. on the ea	rlier d
The 90th day after the	ne record is filed	71 / /	' / / / /	l		
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Filing Fee: \$25.00