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DATE: 4/5/2023

NAME:

2ROCKSREEF LLC

TYPE OF FILING: AMENDMENT

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COVER LETTER

	Registration Se Division of Cor				
eun me	2ROCKSR	EEF LLC			
SUBJEC	.1:	Name of Lin	ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	endence concerning this matter	to the following:		
		SEVERINE GIANESE-PI	TTMAN		
			Name of Person		
		GIANESE-PITTMAN PA			
			Firm/Company		
		4300 BISCAYNE BOULE	EVARD SUITE 305		
			Address		
		MIAMI FL 33137			
			City/State and Zip Code		
		SEVERINE@SGPITTMA1	N.COM to be used for future annual report not	diffication)	
For furthe	er information c	oncerning this matter, please c	·	in Carry	
SEVERINE GIANESE-PITTMAN		305 7225986 at ()			
Name of Person		Area Code Daytime Telephone Number			
Enclosed	is a check for th	ne following amount:			
≘ \$25.0	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		Street Address: Registration Section			
Division of Corporations		Division of Corporations			
	P.O. Box 632 Tallahassee, I		The Centre of '	Tallahassee oe Street, Suite 810	

Tallahassee, FL 32303

u(thentisign ID: F45303DF-0CD3-ED11-BA77-14CB652F4F5B

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 28

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2rocksreef llc		• • • •
(Name of the Limited Li (A F	iability Company as it now appears on our recontrollarida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Florida document number L140001761		and assigned
This amendment is submitted to amend the following	ng:	
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 "Ll.	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	N)	
B. If amending the registered agent and/or regist agent and/or the new registered office address he		r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
-	, F	`lorida 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.

Vythenbason ID. F45303DF-0CD3-ED11-BA77-14CB652F4F5B

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>	Type of Action
AMBR	LACHANCE JEAN	22280 TUPELO PLACE	
		BOCA RATON FL33428	≣Remove
AMBR	KARINE LE GUEN	64 CHEMIN DE MONTBERNIER	≣Add
		38300 BOURGOIN-JALLIEU	Remove
		FRANCE	□Change
MGR	LACHANCE JEAN	22280 TUPELO PLACE	7
		BOCA RATON FL33428	□Remove
			☐Change
			□Add
			□Remove
			□Change
			□Add
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fective date, if other in effective date is listed, ote: If the date inserte beament's effective date ecord specifies a delay	d in this block doe te on the Departme	es not meet the app ent of State's recor	dicable statuto ds.	ry filing require	ments, this da	ite will not be l	isted as
is filed.			, time, at 12.0	i a.m. on the ca	Ther of. (b)	The John day a	iter tire
		2023					
ted		•	 ·				
ted MARCH 31 FRAN LACT	Hance		···································				
MARCH 31 Authoritiss. JEAN LAUT	HANCE Signatu	re of a member or at	thorized represe	entative of a men	ber		