

L14000187535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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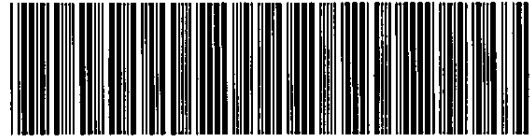
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 18 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sacred Rock Stars, 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:

Mary Kathleen Chapman

Name of Person

Sacred Rock Stars

Firm/Company

16425 SW 280th street

Address

Homestead, FL 33031

City/State and Zip Code

sacredrockstars@gmail.com

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

For further information concerning this matter, please call:

Mary K Chapman

at (305) 342-5995

Name of Person

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

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

FILED
14 DEC 12 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sacred Rock Stars, 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 12/09/2014 and assigned
Florida document number L14000187535.

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 end with 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)

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 registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, **Florida** _____
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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AR	Stanley R Chapman	16425 SW 280th street	<input type="checkbox"/> Add
		Homestead, FL 33031	<input checked="" type="checkbox"/> Remove
AMBR	Sherry Petty	5821 Yellow Rose Ct	<input type="checkbox"/> Add
		Midlothian, TX 76065	<input checked="" type="checkbox"/> Remove
MGR	Mary Kathleen Chapman	16425 SW 280th street	<input checked="" type="checkbox"/> Add
		Homestead, FL 33031	<input type="checkbox"/> Remove
AMBR	Stanley R Chapman	16425 SW 280th Street	<input checked="" type="checkbox"/> Add
		Homestead, FL 33031	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

When I took information to Chase Bank they advised I change Stanley from an
AR to an AMBR and that I needed to add myself not only as the registered
agent but also the Manager, since it is my company. Thank you for your help!

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 9, 2014



Signature of a member or authorized representative of a member

Mary K Chapman

Typed or printed name of signee