

# LIS 0000 40986

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2015 OCT 16 PM 1:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RE Culligan OCT 19 2015

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ROCKET-BUSINESS, 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:

CLEITON CARDOSO

\_\_\_\_\_  
Name of Person

DOMINIUM CONSULTING SERVICES, LLC

\_\_\_\_\_  
Firm/Company

121 S. ORANGE AVE. STE. 1110

\_\_\_\_\_  
Address

ORLANDO-FL-32801

\_\_\_\_\_  
City/State and Zip Code

CLEITON@DOMINIUMCS.COM

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

For further information concerning this matter, please call:

CLEITON CARDOSO

407 374-2329

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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  
2015 OCT 16 PM 1:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ROCKET-BUSINESS, 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 03/05/2015 and assigned  
Florida document number L15000040986.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

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 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>
AMBR	Renata Medeiros Santos	Praca Oiapoque 360 Apt 104	<input type="checkbox"/> Add
		Alphaville, Barueri-SP-	<input checked="" type="checkbox"/> Remove
		06454-060 BR	<input type="checkbox"/> Change
AMBR	Ted Ricardo Santos Cunha	Praca Oiapoque 360 Apt 104	<input type="checkbox"/> Add
		Alphaville, Barueri-SP	<input checked="" type="checkbox"/> Remove
		06454-060 BR	<input type="checkbox"/> Change
AMBR	Joao Cesar de Castro	Rua Egydio Pilotto, 141	<input checked="" type="checkbox"/> Add
		Curitiba-PR-81570610 BR.	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

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TALLAHASSEE, FLORIDA  
to 005 0207 (388)  
be listed as the

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated OCTOBER, 12, 2015

Signature of a member or authorized representative of a member

FRED HENRIQUE F. F. SANTOS

Typed or printed name of signee