L15000127558

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COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

CapitalRo	ck Financial, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Julie Wulfstat		
	 	Name of Person	
	Chuhak & Tecson, P.C.		
		Firm/Company	
	30 S. Wacker Drive, Suite	2600	
		Address	
	Chicago, IL 60606		
		City/State and Zip Code	
	jwulfstat@chuhak.com		
		to be used for future annual report no	otification)
For further information	concerning this matter, please ca	ıll:	
Julie Wulfstat		312 855-4607	
Name	of Person	Area Code Dayti	me 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)
Regis	LING ADDRESS: tration Section on of Corporations	STREET/COUI Registration Sect Division of Corp	

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CapitalRock Financial, LLC						
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our liability Company)	records.)			
The Articles of Organization for this Limited Li Florida document number <u>L15000127558</u>	ability Company	were filed on <u>07/27/2015</u>	aa	nd assigned	d	
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new name of	the limited liab	ility company here:				
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviat	ion "L.L.C."		
Enter new principal offices address, if applic	able:	1016 Collier Center Way	<u> </u>	<u> </u>		
(Principal office address MUST BE A STREE		Suite 201		71516 A 8	SEC	
, , , , , , , , , , , , , , , , , , , ,		Naples, FL 34110		- 90 - 91 - 91		
Enter new mailing address, if applicable:		1016 Collier Center Wa	y	7 AM	RY OF S	
(Mailing address MAY BE A POST OFFICE)	ROXY	Suite 201		∞ §	15	
Thursday the control of the control	<u>,</u>	Naples, FL 34110		<u> </u>		
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:			ecords, enter the r	ame of th	he nev	
New Registered Office Address:	1016 Collier Center Way, Suite 201					
	Enter Florida street address					
	Naples		, Florida 34110 Zip Code			
		City	Ziţ	Code		
New Registered Agent's Signature, if changing I	Registered Agent:					
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as _i registered office	performance of my dut provided for in Chapter	ies, and Lam famili 605, F.S. Or, if thi	ar with and s documen	d	

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
			□ Remove
			Change
			Remove
			Clange
			□ Add
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ocument's effective	date on the Departr	nent of Stat	e's records.					
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