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(Re	equestor's Name)	<u>.</u>
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PICK-UP	☐ WAIT	MAIL
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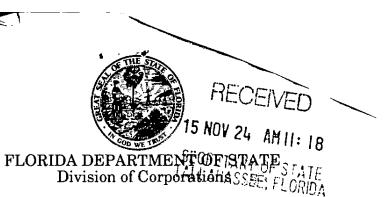


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SECRETARY OF STAT

NOV 2 5 2015 S. YOUNG



November 5, 2015

RAKESH TIWARI 12410 SAWGRASS CT WELLINGTON, FL 33414

SUBJECT: ROCKY'S GOURMET PRODUCTS. LLC

Ref. Number: L15000151816

We have received your document for ROCKY'S GOURMET PRODUCTS. LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 615A00023467

# **COVER LETTER**

Division of Corp				
SUBJECT:	ocky's Gour Name of Limi	Met Product ited Liability Company	s, Lle	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Rakesh Rockijs 12410 Sa Wellington	Name of Person  Gaymet For  Firm/Company  Address  City/State and Zip Code		·· <b>15</b> F
	YOCKUS OUYM R-mail address: (1	e Torochucts (a givi and to be used for future annual report notifi	cation)	-3 E
For further information cor	ncerning this matter, please ca	all:	<u> </u>	고 U
Rakesh Name of I	Person	at (561) 729- Area Code Daytime	, , , ,	છ. જ
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 enclo	

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**



Zip Code

Rocky's Courment (Name of the Limited Liability Compan	Products 110.  The sit now appears or our records.)
The Articles of Organization for this Limited Liability Company Florida document number 15000/5/8/6.	were filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable:	12410 Sawgrass Ct Wellington, Fl. 38414
(Principal office address MUST BE A STREET ADDRESS)	Wellington, Fl. 38414
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	FILE SECRETARY TALLAHISS
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent: Zul	Lesh Tiwari
New Registered Office Address: /24/8	Jangrass Ct
. 1	Enter Florida street address
Willi	City Florida JS 4 19 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 or removed f	Authorized Person(s) authorized to m rom our records:	anage, enter the title, name, and addressione	achiner to a loca
MGR = Ma	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Raked Tiwari	12410 Sawgrass ct Wellis Glorida 33414	Add
		Florida 33414	Remove
			Change
MGR	Jean Tiwari	12410 Sawgrass ct, Web	ligh Add
		Florida, 33414	Remove
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tive date, if other than the da	te of filing:	CCI 4 00	_ (optional)
frective date is listed, the date must be 1 If the date inserted in this block	does not meet the applicable		ents, this date will nobbe list
ment's effective date on the Depa	rtment of State's records.		·
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	nature of a member or authorized		

Page 3 of 3

Filing Fee: \$25.00