5000204903

| (Re | questor's Name) | |
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| PICK-UP | TIAW [| MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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J. HARRIS

COVER LETTER

| Division of Co | rporations | | |
|---------------------------|--|---|--|
| SUBJECT: | | ARD ENTERPRISES LLC | |
| | Name of Lim | ited Liability Company | |
| The enclosed Articles o | f Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | | BRENDA LEE ROCKWARD | |
| | - | Name of Person | |
| | BRENDA I | OCKWARD ENTERPRISES LLC | |
| | | Firm/Company | |
| | | 9803 ELAINE ROAD | |
| | | Address | |
| | JACK | SONVILLE FLORIDA 32246 | |
| | | City/State and Zip Code | |
| | | H.BRENDA99@GMAIL.COM | |
| | E-mail address: (| to be used for future annual report notifi | cation) |
| For further information | concerning this matter, please c | all: | |
| BRENDA | LEE ROCKWARD | | 735-1287 |
| Name | of Person | at () 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 |
| MAII | LING ADDRESS: | STREET/COURI | ER ADDRESS: |

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER AD
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | | RD ENTERPRISES | • | | |
|--|---|---|---------------------------------------|--------------|--|
| (Name of the Lim | ited Liability Comp (A Florida Limited | pany as it now appear I Liability Company) | rs on our records.) | | |
| The Articles of Organization for this Limited 1 | Liability Compan | y were filed on | JUNE 8, 2016 | ; | and assigned |
| Florida document numberL15000204903 | . | | | | |
| This amendment is submitted to amend the fol | llowing: | | | | |
| A. If amending name, enter the new name | of the limited lia | bility company be | ere: | | |
| N/A | | | | | |
| The new name must be distinguishable and contain the | words "Limited Liab | pility Company," the d | lesignation "LLC" or th | ne abbrevia | tion "L.L.C." |
| Enter new principal offices address, if appli | icable: | N/A | | | |
| Principal office address MUST BE A STRE | ET ADDRESS) | | | | |
| | | | | | |
| | | | | FAE | 1 6 |
| Enter new mailing address, if applicable: | | N/A | | CRE | |
| Mailing address MAY BE A POST OFFICE | E BOX) | | | 大豆 | ************************************** |
| | | | | 333 7.4.0 | - 0 10 |
| | | | · · · · · · · · · · · · · · · · · · · | | J |
| B. If amending the registered agent and | l/or registered o | office address on | our records, en | | name of the |
| registered agent and/or the new registered o | | | , | E C | 9 |
| | | | | ** | |
| Name of New Registered Agent: | N/A | | | | |
| New Registered Office Address: | N/A | | | | |
| <u> </u> | | Enter Flor | rida street address | | |
| | | | . Florida | | |
| | | City | , | | p 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> | Name | Address | Type of Action |
|--------------|------------------------|------------------------|----------------------------|
| AP | CALVIN LEE ROCKWARD JR | 9803 ELAINE ROAD | Add |
| | | JACKSONVILLE, FL 32246 | □ Remove |
| | | | |
| | | | Add |
| | • | | □ Remove |
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| ectiv <i>i</i> | date, if other than the date of filing:(optional) |
| effect | ive 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 605.02 |
| le: If umen | the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records. |
| | · · · · · · · · · · · · · · · · · · · |
| recor | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier |
| he 9 | Oth day after the record is filed. |
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| ed | · · · · · · · · · · · · · · · · · · · |
| | |
| | Brenda Tee Kockwark Dus - |
| | Signature of a metaber or authorized representative of a member |
| | |
| | BRENDA LEE ROCKWARD |
| | <u> </u> |
| | Vin TT → an |

Filing Fee: \$25.00