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COVER LETTER

	egistration So ivision of Cor					
SUBJECT	ROCK IT I	RENTALS, LLC				
SOBJECT	•	Name of Lin	nited Liability Company			
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please retui	rn all correspo	ondence concerning this matter	to the following:			
		MARY BATISTA				
			Name of Person			
		ROCK IT RENTALS, LL	C			
Firm/Company						
	233 N FEDERAL HIGHWAY #65				FILED	
			Address			
		DANIA BEACH FL 3300	4	-23		
		MARY@REALPRO.COM	City/State and Zip Code	ZOIO NOV 15	·	
		E-mail address: (to be used for future annual report notification)	HASSE	=	
For further	information co	oncerning this matter, please co	all:	171	(18.4 }	
MARY BA	TISTA		954 894-36(H)			
	Name of	Person	Area Code Daytime Telepho			
Enclosed is	a check for th	e 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)		
		NG ADDRESS:	STREET/COURIER ADI	ORESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROCK IT RENTALS, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 01/21/2016	and assigned
Florida document number L16000015282		-
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 contain the words "Limited I	Liability Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SEGRETARY 15
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		er the same of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City	Zio 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>	Address	Type of Action
MGR	JAMES VILLARROEL	233 N FEDERAL HIGHWAY #65, DANIA BEACH FL 33004	
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*****		11/13/2018			
(If an e	tive date, if other than the date freetive date is fisted, the date must be sp	pecific and cannot be prior to) date of filing or more than	(optional) i 90 days after filing.) Pur	suant to 605,0207 (3)(t
Note	If the date inserted in this block do nent's effective date on the Departu	oes not meet the applical	ole statutory filing requi	rements, this date will	not be listed as the
	·				
the re	ecord specifies a delayed effe e 90th day after the record is	ective date, but not	an effective time, a	at 12:01 a.m. on t	he earlier of:
,,	o sour day arear the record is	s med.			
Dated	November 13	2018			
	1100		-		
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	(Signar	are or a member of authori	rea representative or a me	HIOCI	

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Filing Fee: \$25.00