116000015282

(Re	questor's Name)	
(Ad	dress)	-
(Ad	dress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	_

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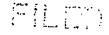
TO:	Registration Se Division of Cor			
en one		RENTALS, LLC		
SUBJE	CI:	Name of Lin	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		MARY BATISTA		
			Name of Person	
		ROCK IT RENTALS, LL	C	
			Firm Company	
		233 N FEDERAL HIGHW	VAY #65	
			Address	· · · · · · · · · · · · · · · · · · ·
		DANIA BEACH FL 3300	4	
			City State and Zip Code	
		MARY@REALPRO.COM	to be used for future annual report not	thousan)
For furt	her information c	oncerning this matter, please of	·	Treation)
	BATISTA	one coming this manner product of	954 894-3600	
-	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclose	d is a check for th	ne following amount:		
	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
	Registr Divisie P.O. B	ING ADDRESS: ation Section on of Corporations ox 6327 assec, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

ROCK IT RENTALS, LLC



		Florida
New Neglistered Office Address.	Enter Florida :	street address
New Registered Office Address:		
Name of New Registered Agent:	_	
. If amending the registered agent a egistered agent and/or the new registered		ir records, <u>enter the name of the</u>
	<u></u>	
Mailing address MAY BE A POST OFFIC	<u> </u>	
nter new mailing address, if applicable:		
Principal office address MUST BE A STR	EET ADDRESS)	·
nter new principal offices address, if app	plicable:	
ne new name must be distinguishable and contain the	he words "Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
. If amending name, enter the new nam	e of the limited liability company here:	
his amendment is submitted to amend the f	following:	
lorida document number L16000015282	·	the Soleman A
	d Liability Company were filed on <u>01/21/</u>	2016 and assigned

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>	Type of Action
MGR	JIMAR HOLDINGS LLC	233 N FEDERAL HIGHWAY #65	
		DANIA BEACH FL 33004	■ Remove
			Change
	·		Add
			□ Remove
			Change
			Add
			Remove
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			Add
			Remove
			Change
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			☐ Change

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ffective date, if other than the an effective date is listed, the date mus	date of filing:			(optional)	
an effective date is listed, the date mus <u>fote:</u> If the date inserted in this blo	the specific and cannock does not meet t	ot be prior to date he applicable s	of filing or more that atutory filing requ	i 90 days after filing.) Pur- rements, this date will	aiant to 605,0201 not be listed as
ocument's effective date on the De					
e record specifies a delayed The 90th day after the reco		, but not an	effective time,	at 12:01 a.m. on t	he earlier o
The sour day area the reco	ord is med.				
ated JANUARY 15	20)19			
10 1		· ·			
11/6/1/					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00