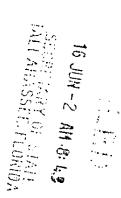
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Requestor's Name)	
Address)	<u></u>
Address)	
City/State/Zip/Phone #)	
☐ WAIT	MAIL
Business Entity Name)	
Document Number)	
Certificates of	Status
to Filing Officer:	
	Address)  Address)  City/State/Zip/Phone #)  WAIT  Business Entity Name)  Cocument Number)  Certificates of a

Office Use Only



06/02/16--01024--026 \*\*60.00



## **COVER LETTER**

	Registration Sec Division of Corp		^	
SUBJECT		Business Solutions LLC		
SUBJECT	. <u></u>	Name of Lim	ited Liability Company	<del></del>
		Amendment and fee(s) are submitted	_	
		Steven A Rosato		
			Name of Person	·
		Rockpoint Business Solution	ons LLC	
		<del></del>	Firm/Company	
		247 SW 8th St, Suite 900		
			Address	
		Miami, FL 33130		
			City/State and Zip Code	
		steve@rockpointbusinessso  E-mail address: (	lutions.com to be used for future annual report not	ification)
For furthe	r information co	oncerning this matter, please ca		·
Steven A	Rosato		214 215-9711 at ()	
	Name of	Person		ne Telephone Number
Enclosed i	is a check for th	e following amount:		
\$25.00	) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Rockpoint Business Solutions LLC				
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L16000101007	were filed on May 24, 2016	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	247 SW 8th St			
(Principal office address MUST BE A STREET ADDRESS)	Suite 900			
	Miami, FL 33130			
Enter new mailing address, if applicable:	247 SW 8th St			
(Mailing address MAY BE A POST OFFICE BOX)	Suite 900			
	Miami, FL 33130			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her  Name of New Registered Agent:		er the name of the ne		
New Registered Office Address:	Enter Florida street address			
<del></del>	, Florida	5. 9		
	City	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 Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager

AMBR = A	uthorized Member		,
<u>Title</u>	Name	Address	Type of Action
			Remove
			☐ Change
	<del></del>		
		Re	□ Remove
			Change
			☐ Add
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			Remove
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ote: If the date inserted in this b	st be specific and cannot be prior to date of fill ock does not meet the applicable statute	(optional) ling or more than 90 days after filing.) Pory filing requirements, this date w	tursuant to 605.0
ocument's effective date on the D	epartment of State's records.		
record specifies a delaye The 90th day after the rec	d effective date, but not an effective date, but not an effective date.	ctive time, at 12:01 a.m. or	າ the earlier
June I	, 2016		
11 - 0	Signature of a member or authorized repres		

Page 3 of 3

Filing Fee: \$25.00