

L16000157396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

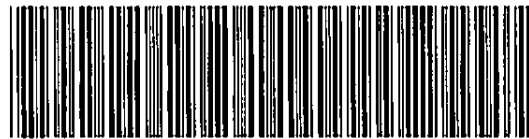
(Business Entity Name)

(Document Number)

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STIC UNIT OF ORANGE
TALLAHASSEE FLORIDA

17 JUL 24 AM 9:44

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BIG Roccas LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

VIKAS BANSAL
Name of Person

BIG Roccas LLC
Firm/Company

10325 BUENA VENTURA DR
Address

BOCA RATON, FL 33498
City/State and Zip Code

BIG Roccas @ OUTLOOK.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VIKAS BANSAL at (347) 986-0636
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

BIG Roccas LLC.
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

17 JUL 24 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number L16000157396.

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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, 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>	<u>Type of Action</u>
AMBR	ARYA GROUP LLC.	10325 BUENA VENTURA DR.	<input type="checkbox"/> Add
		BOCA RATON, FL 33498	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VIKAS BANSAI	10325 BUENA VENTURA DR.	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33498	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GEETA BANSAI	10325 BUENA VENTURA DR.	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33498	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

17 JUL 24 AM 3:47
SECURITY OF STATE
TAL AHASSOR H. MINOR

17 JUL 24 AM 9:44
OFFICE OF THE
TAL. ATTASSEE

(If an effective 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 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Dated 7/10/2017 . 2017

Signature of a member or authorized representative of a member

VIKAS BANSAL
Typed or printed name of signee