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COVER LETTER

Division of Corporations BIG ROCCOS LLC. SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: VIKAS BANSAL Name of Person BIG ROCCOS LLC. Firm/Company 2735 SHAUGHNESSY DR Address WELLINGTON, FL 33414 City/State and Zip Code BIGROCCOS@OUTLOOK.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 9860636 VIKAS BANSAL Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ S25.00 Filing Fee **■** \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIG ROCCOS LLC.				
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as da Limited Liabil	it now apr ity Compan	pears on our records.) ly)	
The Articles of Organization for this Limited Liability (Florida document numberL16000157396	Company wer 	e filed on	08/22/2016	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability	company	<u>y here</u> :	
The new name must be distinguishable and contain the words "Lis	mited Liability C	ompany." Il	he designation "LLC" or the	abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Line new principal offices address, if applicable:		735 SHA	UGHNESSY DR	SE DIVIS
Principal office address MUST BE A STREET ADD	RESS ₁	VELLING	TON, FL 33414	H 22
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)				PM 12: 45
3. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:		address	on our records, ento	er the name of the r
272	5 SHAUGHNE	SSY DR		<u> </u>
New Registered Office Address: 273:			Florida street address	
WEL	LLINGTON		, Florida _	33414
		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, 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
AMBR	VIKAS BANSAL	2735 SHAUGHNESSY DR	
		WELLINGTON, FL 33414	
			□ Remove
			Change
MBR	GEETA BANSAL	2735 SHAUGHNESSY DR	
		WELLINGTON, FL 33414	O Add
			□ Remove
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			■ Change
		-	Remove
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Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	te of filing: specific and cannot be price does not meet the appli	or to date of filing or mor icable statutory filing:	(optional) e than 90 days after filing, requirements, this date) Pursuant to 605.0
document 5 checuve date on the Depa	mem or state 3 record	J.		
the record specifies a delayed e The 90th day after the record		ot an effective tir	ne, at 12:01 a.m.	on the earlier
Dated SEPTEMBER 1ST	2018			
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Page 3 of 3

Filing Fee: \$25.00