## 16000208833

(Requestor's Name)
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SECRETARY OF STATE

**CAPITAL CONNECTION, INC.**417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ROCK OUT CLIMB	ING GYM L.L.C.			
			Art of Inc. File	
			LTD Partnership File	<del></del>
		'	Foreign Corp. File	
			L.C. File	
		1	Fictitious Name File	<del></del>
			Trade/Service Mark	- 4 78
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		1	Dissolution / Withdrawal	AH 9:
			Annual Report / Reinstatement	
			Cert. Copy	
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		ļ <u> </u>	Certificate of Good Standing	
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			Corp Record Search	_
			Officer Search	
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Signature		<del></del>	Fictitious Owner Search	<del></del>
		<del></del>	Vehicle Search	
	· <del></del>		Driving Record	
Requested by: SETH	04/17/17		UCC 1 or 3 File	
Name	Date Time	—   —	UCC 11 Search	
		<del></del>	UCC 11 Retrieval	t i de la companya de
Walk-In	Will Pick Up	-	Courier	Ĭ,

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rock Out Climbing Gym L.L.C.		
( <u>Name of the Limited Li</u> (A F	nbility Company as it now appears on our red lorida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liabil Florida document number <u>L16000208833</u>	ity Company were filed on November 14	, 2016 and assigned
This amendment is submitted to amend the following	ng:	
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	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)  B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our rec	ords, enter the name of the new
		23
Name of New Registered Agent:		
New Registered Office Address:	C F1. 11	12
	Enter Florida street a	
-	City	, Florida
	* "7	Dip Couc

## 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	
AMBR	Samantha M. Sheyka	335 Parkwood Place, Niceville, FL 32578	B Add	
			☐ Remove	
			Change	
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Note:	ve date, if other tha ective date is listed, the da If the date inserted in ent's effective date on	his block does not	meet the applica	ble statutory filing	(option of the contract of the	onal) filing.) Pursuant to 60s date will not be list	5.0207 (3)( ed as the
) The	cord specifies a de 90th day after th	e record is filed	l.	: an effective t	me, at 12:01 a	a.m. on the earli	er of:
Dated	04/17/20	17	<u></u>	<u> </u>			
	, ,				_		

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Typed or printed name of signee

Filing Fee: \$25.00