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COVER LETTER

TO: Registration Section Division of Corporat	ions		•
SUBJECT: Row	Rowdies Rock LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Teff Transff Name of Person Rowdies Rock LLC Firm/Company 981 Hwy 98 East Suite 3-156 Address Destin FL 3254/ City/State and Zip Code Teff Ivanoff 69 a gmail, Com E-mail address: (to be used for future annual report notification)		
The enclosed Articles of Amen	dment and fee(s) are subm	nitted for filing.	
Please return all correspondence	e concerning this matter t	to the following:	
	Teff	Ivanoff Name of Person	
_	Roudie	PS Rock LL Firm/Company	<u></u>
_		Address	
_	Destin	FL 3254/ City/State and Zip Code	
	Jeff Van E-mail address: (b	o be used for future annual report notific	cation)
For further information concern			
TCH Ivan	off on	at (<u>850</u>) <u>393 -</u> Area Code Daytime	74621 Telephone Number
Enclosed is a check for the following	owing amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (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

TO ARTICLES OF ORGANIZATION OF

Rowdies R	ock LL	C
The Articles of Organization for this Limited Liability Company Florida document number <u>LIGOODZ 1749</u> 9	were filed on	1/30/2016 and assigned
the Articles of Organization for this Limited Liability Company were filed on		
is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: enew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or the abbreviati		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		en.;
(Principal office address MUST BE A STREET ADDRESS)		h- Mr
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ur records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
	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

or removed from our records: MGR = Manager AMBR = Authorized Member **Title Name** <u>Address</u> **Type of Action** 1924 Biscayne Blud WAdd Navarre FL 32566 Remove Zane Carlson AMBR ☐ Change ☐ Add □ Remove Change 다. Add Remove ;;; Change ☐ Remove ☐ Change _□ Add ☐ Remove _□ Change □ Add

☐ Remove

□ Change

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If an e Note :	tive date, if other than the date of filing: 12/16/16 (optional) fective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.
The	ecord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 90 th day after the record is filed.
Dated	Jeff Typed or printed name of signee
	Off Suff
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00