L1600021749

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	Idress)	
(Cit	ty/State/Zip/Phone) #)
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J SHIVERS

COVER LETTER

SUBJECT: ROY	ndies Rock	< LLC	<i>.</i>
	Name of Limi	ted Liability Company	•
	•		
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Jef+	Tvanoff Name of Person	
	Roudie	Finn/Company	
	981 Hi	~y 98 East	Suite 3-156
	Destin Jeffival E-mail address: (t	City/State and Zip Code of 69 2 5 N o be used for future annual report notific	541 nailicom
For further information co	ncerning this matter, please ca	di:	
Jeff Iname of	ranoff Person	at (<u>850)</u> <u>393 –</u> Area Code Daytime	-4621 Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations

TO:

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

Roudies	Rock LLC
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L160002174</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ted 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 ADDR	<u>ESSS)</u>
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our records, enter the name of the new
registered agent and/or the new registered office addr	
Name of New Registered Agent:	2018 H
New Registered Office Address:	Enter Florida street address
·	, Florida
New Registered Agent's Signature, if changing Registered	Agent: City Cip Code

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	Mike Johnson	1304 Fountain Dr	10 Add
		Panama City, FL	□ Remove
	;	32401-1753	Change
			🗆 Add
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	4 1	Signature of a		···.,						_

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Filing Fee: \$25.00