From: Sandy Bonet

(((H170000464873)))

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170000464873)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 : (813)932-5244 Fax Number : (813)932-3782

**Enter the email address for this businessjentity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:						
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ROCA BUILDING CONTRACTOR LLC

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\$25.00

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Corporate Filing Menu

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FEB 2 0 2017

(((H170000464873)))

From: Sandy Bonet

Fax: (813) 932-5244

To:

Fax: (850) 617-6383

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(((H170000464873)))

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: ROCA BUILDING CONTRACTOR LLC

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:

SANDY BONET
Name of Person
CONTRACTORS REPORTING SERVICE INC
Firm/Company : 3
13795 N NEBRASKA AVE
Address
TAMPA, FL 33613
City/State and Zip Code
sandy@activatemylicense.com
E-mail address: (to be used for future annual report notification)
•

For further information concerning this matter, please call:

SANDY BONET

at (813) 932-5244

Name of Person

Area Code Daytine 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 anclosed)

3

☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is creleved)

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 From: Sandy Bonet

Fax: (813) 932-5244

o:

Fax: (860) 617-6383

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H170000464873)))

(Name of the Limited Liability Compa (A Florida Limited)	nv as it now appears on our records.) Lability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000229668</u>	were liled on 12/20/2016	and assigned
This amendment is submitted to amend the following:		·
A. If unrending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the	addreviation "L.L.C."
Enter new principal offices address, if applicable:	70 TU	
(Principal office address MUST BE A STREET ADDRESS)	12 673	***************************************
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TO ON TO O	10 0 1 = 12
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the new
Name of New Registered Agent:	·	· ·
New Registered Office Address:	Enter Florida street address	
	The Libian sheet anness	
	, Florida	Zın 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

Page 1 of 3

From: Sandy Bonet If amending <u>Authorized</u>	Fax: (813) 832-5244 To: g the Managers or Authorized Mem Member being added or removed f	ber on our records, enter the title, name, and a	2/17/2017 1:39 PM)046487 3))) Idress of each Manager or
MGR = M AMBR = A	lanager uthorized Member		•
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	OSBET CARDOSO	12514 TWSITED OAK DRIVE TAMPA, FL 33620	Add
PRES	OSBET CARDOSO	12514 TWSITED OAK DRIVE TAMPA, FL 33620	□ Add ■ Remove
		Ą	;
			□ Add :
	·		Add Remove
·		ASSET FLORID	- Dand
\		FLORIO	20 D Add

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	e of filing: (optional) prior to date of receipt or filed date and cannot be more than 90 days after	
	e of filing: (optional) prior to date of receipt or filed date and cannot be more than 90 days after	
(The effective date must be specific, cannot the date this document is filed by the Flori	e of filing:(optional) prior to date of receipt or filed date and cannot be more than 90 days after Department of State)	

Page 3 of 3 =

Filing Fee: \$25.00

FILED 12 P 1: 20