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ZUB JUN -4 AM II: 22 SECNESANE JENEVA TALLAHASSEL FLORIOZ

COVER LETTER

TO: Registration Se Division of Co				
subject: <u>NSB</u>	FIPS LLC Name of Limit	(fo be lengal	med)	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	Michael Wa	q Μα Λ Name of Person		
	304 Beachi	Firm/Company way Aue, New Sr Address	nyrne Beach, FL 3	216 9
	Michaeld. Waa E-mail address: (1	City/State and Zip Code MM & Mail. Com The be used for fughter annual report notifications.	cation)	
For further information of	concerning this matter, please ca			
Michael W	Jagrhan of Person	at (386) 314 - Area Code Daytime	3084 Telephone Number	
Enclosed is a check for t	he following 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	s LLC		
(Name of the Limited (A	Liability Compa Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liab	ility Company	were filed on	and assigned
Florida document number	·		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the Rockstar Propertie		ility company here:	
The new name must be distinguishable and contain the word		lity Company," the designation "L1.C" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	łe:		
Principal office address MUST BE A STREET	ADDRESS)	N/A	
Enter new mailing address, if applicable:		NIA	
Mailing address MAY BE A POST OFFICE BO	<u>2X)</u>	7	
B. If amending the registered agent and/or registered agent and/or the new registered offic			enter the name of the nev
	hliA		ALI S
Name of New Registered Agent:	10/19		11 July 12 Jul
New Registered Office Address:		Enter Florida street address	ASS TO THE PROPERTY OF THE PRO
		, Flori City	S Zur Gode
New Registered Agent's Signature, if changing Reg	istered Agent:		22

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

	ng Authorized Person(s) a ed from our records:	Tametill Classical			
MGR = AMBR =	Manager Authorized Member	No C	hange,	I am still	Sole owner/MGR
<u>Title</u>	<u>Name</u>		<u>Address</u>		Type of Action
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Effect	ve date, if other than the date of filing: 5/24/18 ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days	optional)	
Note:	if the date inserted in this block does not meet the applicable statutory filing requirements ent's effective date on the Department of State's records.	this date will not be l	isted as th
	ord specifies a delayed effective date, but not an effective time, at 12:090th day after the record is filed.	01 a.m. on the ea	dier of:
	5/24/18 Mignature of a member or authorized representative of a member Michael Wagman Typed or printed name of signee		
Dated	AMIL.		

Page 3 of 3

Filing Fee: \$25.00