# 417000103760

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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# **COVER LETTER**

TO:		istration Sec sion of Corp			
SUBJE(	CT.	Rocket Shi	p Consultants, LLC		
SUBJE	CI;		Name of Lim	ited Liability Company	
			Amendment and fee(s) are sub	_	
Please re	eturn	all correspo	ndence concerning this matter	to the following:	
			Rosanna Catalano		
				Name of Person	
			Rocket Ship Consultants	s, LLC	
				Firm/Company	
			221 W. Park Avenue, #1	1074	
				Address	
			Tallahassee, FL 32302		
				City/State and Zip Code	
			rosanna@rocketshipcons E-mail address: (	to be used for future annual report ne	otification)
For furtl	her in	formation co	oncerning this matter, please ca	all:	
Rosanr	na Ca	atalano		850 322-4418	
		Name of	Person	Area Code Dayti	me Telephone Number
Enclosed	d is a	check for th	e following amount:		
<b>■</b> \$25.	.00 Fi	ling 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:

TO:

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

Rocket Ship Consultants, LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	·
The Articles of Organization for this Limited   Florida document number L17000103760	and assigned		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liah	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		221 W. Park Avenue, #11074	
(Principal office address MUST BE A STRE	ET <u>ADDRESS)</u>	Tallahassee, FL 32302	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		221 W. Park Avenue, #11074 Tallahassee, FL 32302	
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:  Name of New Registered Agent:  New Registered Office Address:	office address her	Avenue, #11074  Enter Florida street address	בווני שוני של היא לבילה אל היא לבילה אל אל אל אל היא לבילה אל אל אל היא לבילה אל אל אל היא לבילה אל
	Tallallassee	Florie	da 32302
		City	Carp 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or removed from our records:		
MGR = Manager AMBR = Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Tective date, if other than t an effective date is listed, the date r			rior to date of	filing or more th	optionan 90 days after		ant to 605.	0207 (
ote: If the date inserted in this ocument's effective date on the				tory filing rec	uirements, this	date will no	ot be liste	d as t
e record specifies a delay The 90th day after the r	red effective ecord is filed	date, but d.	not an eff	ective time	, at 12:01 a	.m. on th	e earlie	r of:
July 3		2018						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00