L17 000113025

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Rocking and Rolling Truestments LLC, Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Christopher Williams Name of Person
Rocking And RULLING Investments LLC, Firm/Company
2207 PARK PLACE # 2202 Address
INDIAN HARBOUR FLORIDA 32937 City/State and Zip Code
F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christopher Williams at (941) 883-15 65 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, 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

Kocking and Rolling Investment (Name of the Limited Liability Compan (A Florida Limited Li	3 LLC,
(A Florida Limited Li	ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L17000113</u> 025	were filed on $5/33/17$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	ice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address Florida Zip Com
New Registered Agent's Signature, if changing Registered Agent:	20 Z
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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>	<u>Name</u>	Address 2202 PARK PLACE # 2202	Type of Action
AMBR	Sheldon Aaronovich (Purchasing Manager)	Indian HARBOUR BEACH FL, 3293	D Add
	(Turchasing Manager)		Remove
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable statement's effective date on the Department of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant to 6 tutory filing requirements, this date will not be 1
record specifies a delayed effective date, but not an ef he 90th day after the record is filed.	
Christopher Williams Typed or printed name of	
Christophy William	

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Filing Fee: \$25.00