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COVER LETTER

Division of Corporations	
SUBJECT: ROCKROD SERVICES CONSULTING L.L.C. 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:	
FULID D ROBRIGUEZ Name of Person	
Firm/Company	
9725 NW 52 ST APT. 202	
DORAL FL 33778 City/State and Zip Code	
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: \[\partial E \to E	
For further information concerning this matter, please call:	
Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
2 \$25.00 Filing Fee	

Certified Copy

(additional copy is enclosed)

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Certificate of Status

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROCKROD SERVICES CONSULTING LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number 4 17000 192074	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here	:
The new name must be distinguishable and contain the words "Limited Liabil	tity Company," the desig	enation "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 of registered agent and/or the new registered office address here		ur records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
	City	Florida Zip 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:

MGR = Manager

AMBR = Authorized Member <u>Title</u> **Address Type of Action Name** MGR ZULIOD. RODRIGUEZ 9725 NW 52 5T APT. 202 DEAD DORAL FL. 33178 _□ Remove _□ Change _□ Add □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change □ Remove

☐ Change

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Filing Fee: \$25.00