## L18000011133

(Requestor's Name)	
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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## **COVER LETTER**

TO:

	gistration Se vision of Cor			
elib le <i>c</i> t.		OCK ENTERPRISES LLC		
SUBJECT:		Name of Lim	nited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Christopher George		
			Name of Person	
		ROI Strategic LLC.		2021 ML -6 PH 3: 42
			Firm/Company	10000000000000000000000000000000000000
		18301 NW 79th CT		THE -6 PH ?
			Address	P
		Miami, Florida 33015		FLERAL F
		cjgeorge313@gmail.com	City/State and Zip Code	2 N
		E-mail address: (	to be used for future annual report not	ification)
For further i	information co	oncerning this matter, please co	ali:	
Christopher	r George		786 797-3228	
	Name of	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	e following amount:		
<b>≅</b> \$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)
Re Di P.0	egistration S vision of C O. Box 632 Illahassee, F	Section orporations 7		rporations Fallahassee be Street, Suite 810
			Tallahassee, FI	L <b>323</b> 03

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ords.)
A Florida Limited Liability Company)	
bility Company were filed on 01/12/2018	and assigned
ving:	
the limited liability company here:	
rds "Limited Liability Company," the designation "LI	LC" or the abbreviation "L.L.C."
ble:	2020 .
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<u>ox</u> )	3>
<u></u>	er the name of the new regi
Enter Florida street addi	ress
, 1	Florida Zip Code
	wing:  the limited liability company here:  rds "Limited Liability Company," the designation "Libble:  **ADDRESS**  OX)  gistered office address on our records, ententere:  Enter Florida street add.

## 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>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			☐ Change
			B   □Add     Remove
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ective date, if other than the date of filing:				(optio	nal)	
effective date is listed, the date must be specific and cannot be	e prior to da	ate of filing	or more than	90 days after fi	ling.) Pu	rsuant to 605.0
te: If the date inserted in this block does not meet the aument's effective date on the Department of State's re		statutory	ming requi	ements, this	uate wiii	not be fistee
cord specifies a delayed effective date, but not an effec	tive time,	at 12:01 a	.m. on the o	arlier of: (b)	The 90	th day after
s filed.						
June 29th 2020						
cd	<u>M</u> .	<u></u>	/			
	10	Z.XX				
Signature of a member of	T authorize	d represent	ative of a me	mber		_