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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: American Rock LLC 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:
Wendy Witkowski
HIVERICAN ROCKLLC
2401 Hancock Bridge PKWY #7
Cape Coral FL 33990 City/State and/Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call;
Weko Witko WSK, at (239) 340-4334 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 \& \Bigcup \\$55.00 Filing Fee \& \Bigcup \\$60.00 Filing Fee, Certificate of Status \& Certified Copy (additional copy is enclosed) \\ 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

(Name of the Limite	i ca N Loc d Liability Company A Florida Limited Lia	as it now appears on our	r records.)	
The Articles of Organization for this Limited Lia Florida document number <u>L/8060054</u>		ere filed on $2/2$	8/2018	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabili	ty company here:		
The new name must be distinguishable and contain the we Enter new principal offices address, if applica (Principal office address MUST BE A STREET)	bie:	Company," the designation	on "LLC" or the abbrev	SECRETARY DIVISION OF ICO
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u>30X)</u>			PH 12: 52
B. If amending the registered agent and/or registered agent and/or the new registered off		ce address on our r	ecords, enter the	пате of the new
Name of New Registered Agent:			<u>.</u>	
New Registered Office Address:		Enter Florida stree	et address	
		City	, Florida 🍃 .	Lip 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 **Title** Name Address Type of Action AR Joeseph Baverlin __ 🗆 Add JOSEPH BEVERIN & Change _□ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

□ Add

☐ Remove

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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be Note: If the date inserted in this block does not meet the approximent's effective date on the Department of State's recommendate.	prior to date of filing or more than 90 days after filing.) Pursuant to pplicable statutory filing requirements, this date will not be	
ne record specifies a delayed effective date, but The 90th day after the record is filed.	t not an effective time, at 12:01 a.m. on the ea	erlier o
Dated 8/7/ . 20	18_	
Signature of a thember or	authorized representative of a member	
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Filing Fee: \$25.00