

T SCHROEDER

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:

Kayla Coleman

Name of Person

American Rock LLC

Firm/Company

1917 Nw 23rd Street

Address

Cape Coral, FL 33993

City/State and Zip Code

Americanrockllc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kayla Coleman

239

4623767

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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)

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**

American Rock 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 were filed on 02/28/2018 and assigned
Florida document number L18000054047.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

1917 Nw 23rd Street

Cape Coral, Fl 33993

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1917 Nw 23rd Street

Cape Coral, Fl 33993

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

1917 Nw 23rd street

Enter Florida street address

Cape Coral

City

Florida

33993

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	WITKOWSKI, WENDY	501 SE 4TH TER UNIT A	<input type="checkbox"/> Add
		CAPE CORAL FL 33993	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	BEVERLIN, JOSEPH	1917 NW 23RD STREET	<input type="checkbox"/> Add
		CAPE CORAL FL 33993	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	COLEMAN, KAYLA	1917 NW 23RD STREET	<input type="checkbox"/> Add
		CAPE CORAL FL 33993	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AR	GOLDENBURG, MARK	50 AURA DEBLANCO ST	<input type="checkbox"/> Add
		3104	<input checked="" type="checkbox"/> Remove
		HENDERSON NV 89074	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

WENDY WITKOWSKI passed away on May 4, 2019.

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the early of:
(b) The 90th day after the record is filed.

Dated _____



Signature of a member or authorized representative of a member

KAYLA COLEMAN

Typed or printed name of signee

OCT 15 AM 11 15
FILED