118000165737

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Duemous Linny mame)
(Document Number)
(Bocoment Number)
Codification of Status
Certified Copies Certificates of Status
<u> </u>
Special Instructions to Filing Officer:

Office Use Only



800320641908

11/13/18--01022--030 **60.00

2010 NGV 13 12 3: 8:

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	ROCKET CLEANIN Name of Limi	Sewice UC ted Liability Company	<u> </u>
	, tame or issue	conpuny	
The enclosed Articles of A	amendment and fee(s) are subt	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	WEN	Name of Person	
	Rocket Ch	Firm/Company	Lic
	220 Yanno	Address	
	COCOA BEA	CH, FL 33931 City/State and Zip Code	
		E+C/EANINGBE o be used for future annual report noti	
For further information co	ncerning this matter, please ca	D:	
WENDY C	Person	at (814) 950 Area Code Daytim	-(c)33 e 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

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L17000165737</u> .	vere filed on 7-9-18 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	
The new name must be distinguishable and contain the words "Limited Liability	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)	_N/A
Enter new mailing address, if applicable:	HA
(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	
Name of New Registered Agent: \(\) \/ \(\) \	
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zip Code
New Registered Agent's Signature if changing Registered Agent.	

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
MGR	Thomas MAGER	220 YWHLAUE UNIT 27 COCOA BEACH, FL 32931	5 \$\dd
			Remove
			Change
			□ Adđ
			□ Remove
			Change
			Remove
			Change
			□ Remove
			□ Change
			D Add
			Remove
			Change
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
TO BEAD: CLEANING AND PENULA SERVICES MAINTENAN
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
11-9-18 Dated Nov 9, 2018
Signature of a member or authorized representative of a member
Typed or printed hame of signee

Page 3 of 3

Filing Fee: \$25.00