118000174357

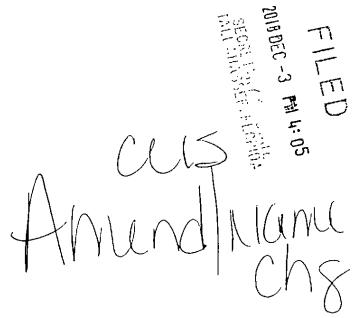
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	()
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200321197012

12/03/18--01021--014 **30.00



DEC () 6 2018

COVER LETTER

TO:	Registration Se Division of Cor		·	
	Parallel Fli	p Ventures LLC		
SUBJ	ECT:			
		Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. Ill correspondence concerning this matter to the following: Ignacio Quinonez. Name of Person Paradlel Flip Ventures LLC Firm/Company 1512 East John Sims Pkwy #329 Address Niceville FL 32578 City/Nate and Zip Code ignacioq07@gmail.com E-mail address: (to be used for future annual report notification) ormation concerning this matter, please call: mez. 626 428-1822 Name of Person Daytime Telephone Number		
			Name of Person	
		Parallel Flip Ventures LLC		
			Firm/Company	
		1512 East John Sims Pkwy		
			Address	
		Niceville FL 32578		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For fu	ther information co	oncerning this matter, please co	all:	
Ignaci	o Quinonez		626 428-1822	
		015	at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ie following amount:		
□ \$ 2	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

FILED
2018 DEC -3 MI 4: 05
TALLAHASSET FLORIGA

Parallel Flip Ventures 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 _______ and assigned Florida document number _____118000174357 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Rockeye Properties LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 1512 East John Sims Pkwv Enter new principal offices address, if applicable: #329 (Principal office address MUST BE A STREET ADDRESS) Niceville FL 32578 1512 East John Sims Pkwy Enter new mailing address, if applicable: #329 (Mailing address MAY BE A POST OFFICE BOX) Niceville FL 32578

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:

	City	, Florida
New Registered Office Address:	Enter Florida street o	uddress
Name of New 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			Remove
		<u> </u>	Change
			□ Remove
			Change
			_ □ Rетюче
			Change
<u>.</u>			
			Remove
			Change
			Remove
			□ Change

				_
		···		_
				_
• •			-	_
	 			_
				_
 				_
		<u> </u>		
				_
			· · · · · · · · · · · · · · · · · · ·	
				_
				_
· · · · · · · · · · · · · · · · · · ·				
				_
ffective date, if other than the	date of filing:		(optional)	
an effective date is listed, the date mus	st be specific and cannot be prio ock does not meet the appli	cable statutory filing req	nan 90 days after filing.) Pursuant to 60 uirements, this date will not be li-	05,0203 sted as
record specifies a delayed The 90th day after the rec	I effective date, but no ord is filed.	ot an effective time	, at 12:01 a.m. on the ear	lier o
November 29	2018			
ated	·	·		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00