118000264269

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D. BRUCE JAN 05 2019

COVER LETTER

TO: Registration : Division of Co					
	VISORY LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for tiling.			
Please return all corres	pondence concerning this matter	to the following:			
	Albert M Rodriguez				
		Name of Person			
				/	
		Firm/Company	······································		
	1182 Oak Valley Drive				
		Address			
	Ann Arbor MI 48108				
		City/State and Zip Code			
	albert@rodriguezlp.com				
	E-mail address: (to be used for future annual report notifica	tion)	2018	
For further information	n concerning this matter, please ca	all:			
Albert M Rodriguez		734 821-2511 at ()		C 17	erricaer P
	e of Person r the following amount:		elephone Number	PH 2: 30	ا معدر اما
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

MAILING ADDRESS:

TO:

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

ROC ADVISORY 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 $\frac{11/13/2018}{2}$ _ __ and assigned Florida document number __L18000264269 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ROC CAPITAL PARTNERS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 121 S ORANGE AVE STE 1500 Enter new principal offices address, if applicable: ORLANDO FL 32801-3241 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address

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.

Cuv

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
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			□ Remove
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Effective date, if other than the (If an effective date is listed, the date inc. Note: If the date inserted in this is document's effective date on the I	st be specific and cannot be prior to date of fil lock does not meet the applicable statute	(optional) ling or more than 90 days after filing.) Pursuant to 605.0207 (2 ory filing requirements, this date will not be listed as the
the record specifies a delaye) The 90th day after the re	d effective date, but not an effectord is filed.	ctive time, at 12:01 a.m. on the earlier of:
Dated	2018	
	Signature of a member or authorized repres	sentative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00