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COVER LETTER

то:	Registration Section Division of Corpor			,
OLID II	kos	Property (Pervices. LLC	
SUBJECT: Roc Property Services, LC Name of Limited Liability Company				
The en	Iclosed Articles of Am	nendment and fee(s) are sub-	mitted for filing.	THE PARTY OF THE P
Please	return all corresponde	ence concerning this matter	to the following:	
		Kenv	neth Kmar fin Name of Person	OST E
			Property Service	o, lle
			15th St, th	
	-	Khad E-mail address: (1	City, FC 32 City/State and Zip Code arr 2 & yahoo. to be used for future annual report notifice.	Com
For fu	rther information conc	erning this matter, please ca	·	,
	Lisa S	peights	at (<u>727)</u> Area Code Daytime T	7536
	Name of Pe	rson	Area Code Daytime T	elephone Number
Enclos	sed is a check for the f	ollowing amount:		
5 \$2	5.00 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)
	Registratio	G ADDRESS: on Section of Corporations	STREET/COURIE Registration Section Division of Corporati	

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

TO ARTICLES OF OI OF	RGANIZATION POR THE PROPERTY OF THE PROPERTY O
Ruc Property Services (Name of the Limited Liability Company) (A Florida Limited Liability Company)	RGANIZATION / Ces, UC / as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L 18000281594</u> .	vere filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability".	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	W/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	NA
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent: New Registered Office Address: \[\lambda / \text{A} \]	Kenneth Khadarr Martin (Add middle name) drop 1st name 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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(If an ef Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	12/12 2018
	Signature of a member or authorized representative of a member
	Lisa Speights
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00