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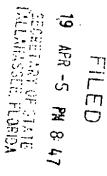
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

TO:	Registration Sec Division of Corp		•			
, SUBJ	ROCKY ST	TEPS, LLC				
3013	ECT	Name of Limi	ted Liability Company			
The cr	nclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.			
Please	return all correspon	ndence concerning this matter t	to the following:			
		ROYA F BAXTER				
		 .	Name of Person			
	BGM CERTIFIED PUBLIC ACCOUNTANTS					
Firm/Company						
	900 SE 3RD AVE, STE 202					
			Address	<u>. </u>		
		FORT LAUDERDALE, FL	. 33316			
		nadimissa@gmail.com	City/State and Zip Code	 		
		E-mail address: (t	o be used for future annual report notific	cation)		
For fu	rther information co	oncerning this matter, please ca	M:			
NADI	IM ISSA		305 513-4435			
	Name of	l Person	at () Area Code Daytime	Telephone Number		
Enclos	sed is a check for th	e following amount:				
□ \$2	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
Clitton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROCKY STEPS. LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Limi	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on 03/28/2019 and assigned
lorida document number L19000085581	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited	liability company here:
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5.0 表 つ
Principal office address MUST BE A STREET ADDRESS	
Enter new mailing address, if applicable:	157 8 157 5
Mailing address MAY BE A POST OFFICE BOX)	ν ~
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address	d office address on our records, enter the name of the here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida Zip Code
	Cav ZiD 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>	Address	Type of Action
MGR	LINA ISSA	1400 NW 96TH AVE. STE 105 DORAL, FL 33172	⊟ Add
			Remove
			Change
			Remove
			☐ Change
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Note: If it	date, if other than the date date is listed, the date must be the date inserted in this block is effective date on the Depar	e of filing: specific and canno does not meet th	e applicable statu	filing or more than 90 d tory filing requireme	_ (optional) ays after filing.) Pur nts, this date will	suant to 605.0207 (not be listed as t
he record The 90	I specifies a delayed ef th day after the record	fective date, is filed.	but not an effo	ective time, at 1	2:01 a.m. on t	the earlier of:
	APRIL 4	201	9			
Dated		//	MAN			
Dated	Sig	nature of a member	r or authorized repr	esentative of a member		

Page 3 of 3

Filing Fee; \$25.00