L19000139305

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COVER LETTER

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

BUBJECT:	Rok & Wtr.	LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed A	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return a	ll correspo	ndence concerning this matter	to the following:	
		Ellen Sines		
		Diversified Financial Servi	Name of Person	
		10070 C HC H)	Firm Company	
		10878 S US Hwy 1	Address	
		Port St. Lucie, FL 34952		
		operations@payrollserv.cor		
For further inf	ormalion c	E-mail address: (to be used for future annual report	notification)
Ellen Sines			772 335-071.	3
	Name o	f Person	Area Code Da	ytime Telephone Number
Enclosed is a c	heck for th	ne following amount:		
■ \$25.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy tadditional copy is enclosed;	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr	ING ADDRESS: ation Section	STREET/COI Registration Sc	

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Rok & Wtr, LLC		
(Name of the Limited Li (A FI	ability Company as it now appears on our orida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabili Florida document number L19000139305	ty Company were filed on May 20, 20	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>	 .
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:	amage pangga an	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or r registered agent and/or the new registered office		ecords, enter the mame of the
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:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with a 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, <u>enter the title, name, and address of each person_being ad or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name		<u>Address</u>	Type of Action
MBR	Kevin Harrigan		8685 SE Pinehaven Ave	
			Hobe Soundy EU 33455	Add
		10 to 21 to 1	Tions Somidaire 334532	Remove
				Change
				Add
				Remove
				☐ Change
				□ Add
				Add **tos & Remove
				. D Change
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				Remove
				☐ Change
				
				□ Remove
				☐ Change
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				Remove
			Marking College	Change

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fective date, if other than to meffective date is listed, the date in term If the date inserted in this current's effective date on the	must be specific and ca block does not mee	nnot be prior to date o t the applicable stat	filling or more than 90 days utory filling requirements	after filing) Pursuant to 605
record specifies a delay The 90th day after the r		e, but not an ef	fective time, at 12:	01 a.m. on the earli
ted 6-24-1	11 8	2019	presentative of a member	
				

Page 3 of 3

Filing Fee: \$25.00