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## **COVER LETTER**

	egistration Sectivision of Corp			<u>.</u>	
	Rock Bend	Ranch, LLC		7	Jan Marie
SUBJECT:		Name of Lim		13 14	
The enclose	ed Articles of A	mendment and fee(s) are sub	mitted for filing		ON SAY ON SAY
		dence concerning this matter	•		
		Shannon M. Gonzalez			
	Firm/Company 10150 Highland Manor Drive, Suite 200				
			to be used for future annual report notifi	ication)	
	information cor 4. Gonzalez	ncerning this matter, please ca	813 422-1542		
	Name of I	<sup>2</sup> erson	at () Area Code Daytime	Telephone Number	
Enclosed is	a check for the	following amount:			
\$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 tadditional copy is enclose	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20 My Salas

Rock Bend Ranch, 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

L19000189440

This amendment is submitted to amend the following:

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 "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:
(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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

\_\_\_\_. Florida \_\_\_\_\_\_ Zip Code

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>	<u>Address</u>	Type of Action
AMBR	Shannon M. Gonzalez	15304 FishHawk Preserve Drive	
		1 1 1 1 1 1 1 2 2 5 4 7	Add
		Lithin, FL 33547	Remove
			LJ Remove
			Change
AMBR	Lee M. Walton	16030 Ternglade Drive	
	·		
		Lithia, FL 33547	<b>D</b> D
			□ Remove
			☐ Change
			Add
			☐ Remove
		<u></u>	CRemove
			Change
			Remove
			Change
			Change
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D. If amending any other inform	ation, enter change(s)	here: (Attach additio	onal sheets, if necessary.)	
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			-	
E. Effective date, if other than th	o dote of filings		(optional)	
(If an effective date is listed, the date m  Note: If the date inserted in this b  document's effective date on the	ust be specific and cannot be block does not meet the a	e prior to date of filing or mosphicable statutory filing	ore than 90 days after filing.) Pure	
If the record specifies a delaye (b) The 90th day after the re		it not an effective t	ime, at 12:01 a.m. on t	he earlier of:
October 15 Dated	2019			
	Set			
<del> </del>		authorized representative	of a member	
Shannon M. Gonzale:	<i>7</i> .	<del>-</del>		

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Typed or printed name of signee

Filing Fee: \$25.00