119000213149

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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LLC.

2020 JAN 21 AM ID: 02

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January 9, 2020

MARY BATISTA 3309 NE 33 ST FT LAUDERDALE, FL 33308

SUBJECT: ROCK IT PROPERTIES II, LLC

Ref. Number: L19000213149

We have received your document for ROCK IT PROPERTIES II, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LIMITED LIABILITY COMPANY, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood Regulatory Specialist II

Letter Number: 620A00000598

1030 JULIST WITH: 20

www.sunbiz.org

COVER LETTER

TO:

Registration Section

Division of Cor	porations			
	PROPERTIES II LLC			
SUBJECT:	Name of Lin	ited Liability Company		
	•			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	MARY BATISTA			
		Name of Person	· · · · · · · · · · · · · · · · · · ·	
	ROCK IT PROPERTIES I	I LLC		
		Firm/Company		
	3309 NE 33 STREET			
		Address		
	FORT LAUDERDALE F	. 33308		
		City/State and Zip Code		
	MARY.BATISTA@REAL E-mail address: (PRO.COM to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c			
MARY BATISTA		954 894-3600		
Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he 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 (additional copy is enclosed)	
<u>Mailing Addres</u> Registration (<u>Street Address:</u> Registration Sc	ection	
Division of Corporations		Division of Co	Division of Corporations	
P.O. Box 632 Tallahassee,		The Centre of 7 2415 N. Monro	Laffahassee De Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROCK IT PROPERTIES II LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{119000213149}{20000213149}$.	were filed on 8/20/2019	and assig	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L	.c."
Enter new principal offices address, if applicable:	3309 NE 33 STREET		
(Principal office address MUST BE A STREET ADDR <u>ES</u> S)	FOR LAUDERDALE FL 33308		
		2020	₹
Enter new mailing address, if applicable:	3309 NE 33 STREET	JAN 2	FIL SALJAS OLG TO HOL OLG TO HOLG TO H
Mailing address MAY BE A POST OFFICE BOX)	FORT LAUDERDALE FL 33308		200 200
		7 10	23.5 13.44 13.44
			===
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nar</u>		registei
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	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 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 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
MBR	CHRISTIAN CARDONA RIVERO	2814 WHISPER LAKES CLUB	□Add
		ORLANDO FL 32837	_
			□Change
MBR MARY BATISTA	MARY BATISTA	3309 NE 33 STREET	≡ Add
		FORT LAUDERDALE FL 33308	
		□Change	
			□ Add
		□Remove	
		☐ Change	
		<u></u>	🗆 Add
			□Remove
			☐ Change
		□Remove	
			□Add
			□Remove
			□Change

Effect	ive date, if other than the date of filing: (optional)
Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (? If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
docur	acht's effective date on the Department of State 8 fections.
he reco ord is f	ed specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	1/16/20
	(Matt)
	Signature of a member or authorized representative of a member
	MARY BATISTA
	Typed or printed name of signee