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PH 5: 22

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COVER LETTER

	Registration Se Division of Cor			
SUBJEC		Roll Out LEC		
SOBJEC		Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please rei	aurn all correspo	ondence concerning this matter	to the following:	
		Tressa Sanchez		
			Name of Person	_
		Rock and Roll Out LLC		
Firm/Company				
		4825 NE 38th Ter		
			Address	
		Ocala, FL 34479		
		transparabas (Curabas as	City/State and Zip Code	
tressasanchez@yahoo.com E-mail address: (to be used for future annual report no				fication)
For furthe	er information c	oncerning this matter, please ca	·	,
Tressa S	Sanchez		352 262-1161 at ()	
	Name o	f Person	Area Code Daytimo	e Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rock and Roll Out LLC

2021 FEB 15 PM 5: 22

If Changing Registered Agent, Signature of New Registered Agent

(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 03/16/2020 and assigned Florida document number L20000081611 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: RTS Liquidations LLC 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 Office Address: Enter Florida street address City 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 2621 FEB 15 PH 5: 22 Type of Action AMBR = Authorized Member <u>Address</u> **Title** Name | _ □Ådd □Remove ____ □Remove _____ Change _____ □ Add _____ □Remove □Add Change Loop □ Remove _____ □Change □Add _____ □Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) EIN # 84-5108857	
ZUZIFEB 16 PH 5: 22	
Only Changing name and adding	
CIV #	
02/15/2021	
E. Effective date, if other than the date of filing:	
If the record 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 record is filed.	
Dated February 10th 2021 Signume of a member or authorized representative of a member	
Tressa Sanchez	
Typed or printed name of signee	

Filing Fee: \$25.00