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## **COVER LETTER**

TO: Registration Division of C	Corporations		
SUBJECT: R	ocking Flo	ited Liability Company	Estate LLC
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Miche	le Lee Reh	<u>M</u>
	Rockin	May Florida R.	eal Estate LL
	10834 0	sceola Dy	
	NewPort	Prchey FL City/State and Zil Code	34654
	E-mail address: (	to be used for future annual report notif	ication)
For further informatio	n concerning this matter, please co	all:	
Michele	e of Person	at (121) 5	14 0017 Telephone Number
Enclosed is a check to	r 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 (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

Roking Florida Real Estate LL

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	V Florida Ulmited Liabil	ity Company)			
The Articles of Organization for this Limited Lia Florida document number <u>L2000</u>	bility Company wer	e filed on April	5,2020	and ass	igned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of the Star One Realt.  The new name must be distinguishable and contain the weather the new name of the start of the new name of the new name of the start of the new name of the new nam	Group	Elite	LLC on "LLC" or the abbi	reviation "L.	L.C."
Enter new principal offices address, if applica				2024.	
(Principal office address MUST BE A STREET			_	70 70	
The man white man can be seen as a second se				?	·
Enter new mailing address, if applicable:				- 12:	***
(Mailing address MAY BE A POST OFFICE B	- (OX)			20	
B. If amending the registered agent and/or reagent and/or the new registered office address		ress on our records.	enter the name	of the nev	v registere
Name of New Registered Agent:					
New Registered Office Address:		Enter Florida stree	t address		
			Florida	Zip Code	
		Ciņ		Zip Code	
New Registered Agent's Signature, if changing Ro					
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regist being filed to merely reflect a change in the re company has been notified in writing of this c	r and complete per tered agent as prov egistered office add	formance of my duvided for in Chapter	ties, and Lam fa r 605, F.S. Or. ij	miliar wit f this docu	h and ment is

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
			□Add
			□Remove
			□Remove
			□Change
			□Add
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f an eff <u>Note:</u>	ive date, if other than the date of filing:
e recor rd is fil	d 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	1/2 21/
	Michel LeeP