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COVER LETTER

TO: Registration S Division of Co					
ROC Freig	ght LLC				
SUBJECT:	Name of Limited Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Rohan Campbell				
		Name of Person			
	ROC Freight LLC				
		Firm/Company			
	7602 Clare Ct				
		Address			
	Laurel MD 20707				
		City/State and Zip Code			
	rocertified20@gmail.com				
	E-mail address: (to be used for future annual report not	ification)		
For further information	concerning this matter, please of	all:			
Rohan Campbell		305 767-9048 at ()			
Name	of Person	Area Code Daytin	ne 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 (additional copy is enclosed)		
Mailing Addra		Street Address:	ootion		
Registration Division of	Section Corporations		Registration Section Division of Corporations		
P.O. Box 63	•	The Centre of	The Centre of Tallahassee		
Tallahassee,	FL 32314	2415 N. Monro	be Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROC Freight LLC	2020 MAY 18 PH 4: 09			
(Name of the Limited Liabili (A Florid	ity Company as it now appears on our records. a Limited Liability Company)	· . 1		
The Articles of Organization for this Limited Liability C Florida document number <u>L20000115426</u>	Company were filed on <u>04/28/2020</u>	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here:			
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDI	RESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter t</u> l	ne name of the new register		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Flor			
	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>	<u>Address</u>		18 PM 4:09	Type of Action
AMBR	Rohan Campbell	660 SE 15th St.	, Dania FL.33004	Apt. 308	= Add
					□Remove
					□Change
					□Add
					□Remove
					□ Change
					🗆 Add
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an effective date is listed, the lote: If the date inserted	than the date of filing: (optional) e date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 in this block does not meet the applicable statutory filing requirements, this date will not be listed as on the Department of State's records.
record specifies a delayed is filed.	d effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	R. Campbell
	Signature of a member of authorized representative of a member Campbe II