

L20000271825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

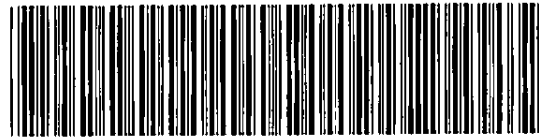
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
2025 JAN 29 AM 8:23  
2025 JAN 29 PM 4:00  
OFFICE OF THE  
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COURT  
TALLAHASSEE, FLORIDA



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I200000000088  
If there are any issues  
please contact Patrice at  
850-202-9071

Date: 01/29/2025

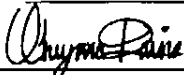
Name: Cheyenne Davis

Reference #: 2634005

Entity Name: MJ ROCKS LLC

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☒ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other \_\_\_\_\_

Authorized Amount: \$25.00

Signature: 

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MJ ROCKS LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DENISE C. MAROHL

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

1415 SUNSET HARBOUR DRIVE, UNIT 406

\_\_\_\_\_  
Address

MIAMI BEACH, FLORIDA, 33139

\_\_\_\_\_  
City/State and Zip Code

JULES@MAYAJULES.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DENISE C. MAROHL

\_\_\_\_\_  
Name of Person

at ( 702 )

493-5566

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: MJ ROCKS LLC

2. (a) 3921 ALTON ROAD Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

MIAMI BEACH  
FLORIDA 33140

(b) 3921 ALTON ROAD Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

MIAMI BEACH, SUITE 361  
FLORIDA 33140

3. 09/01/2020 Date of filing/registration in Florida

4. L20000271825 Document number

5. (a) OMREE INC LLC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
244 BISCAYNE BLVD. 3505  
MIAMI, FL 33132

2025 JUN 29 PM 8:23  
FILED  
CLERK OF COURT  
JULIA A. BROWN

(b) DENISE C. MAROHL  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1415 SUNSET HARBOUR DRIVE  
**NEW** Registered Office Address:  
UNIT 406  
MIAMI BEACH, FL 33139

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Denise C Marohl

Denise C Marohl

Signature of a member or authorized representative of a member

Printed or typed name of signee

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.

Denise C Marohl

Signature of Registered Agent