LZ0000317174

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(Address)		
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COVER LETTER

Registration Section

TO:

Division of Cor	porations			
ROK VIST	A LLC	•		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	VARALAKSHMI SURES	H		
		Name of Person	·	
		Firm'Company	<u> </u>	
	10968 MANDARIN PRES	SERVE DR		
		Address	***	
	JACKSONVILLE, FL 322	23		
	rokvista) @gmail.com	City/State and Zip Code		
		to be used for future annual report no	otification)	
For further information c	oncerning this matter, please ca	all:		
VARALAKSHMI SURE	ESH	339 222-9284 at ()		
Name o	f Person	Area Code Dayri	me Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	S30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		Street Address:	Custion	
Registration Section			Registration Section Division of Corporations	
Division of Corporations P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, l			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

~3

ROK VISTA LLC		23
(Name of the Limited Liabili	ty Company as it now appears on our records.) a Limited Liability Company)	3 3
(771)01104	a Elimica Elability Company)	728
The Articles of Organization for this Limited Liability C	Company were filed on 10/07/2020	and assigned
Florida document number L20000317174		0, 1
This amendment is submitted to amend the following:		1 8
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 "Lim	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 the</u>	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Floric	la
	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>	Name	Address	Type of Action
AMBR	VARALAKSHMI SURESH	10968 Mandarin Preserve Dr. Jacksonville FL 32257	
			□Remove
			= Change
			□Add
			□Remove
			□Change
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			□Change
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	st be specific and cannot be prior to date of filing or more th ock does not meet the applicable statutory filing req	
cord is filed.	re date, but not an effective time, at 12:01 a.m. on th	e earlier of: (b) The 90th day after the
Dated October 26	2020	
	Valac	
	Signature of a member or authorized representative of a	member
Varalakshmi Suresh		
	Typed or printed name of signee	