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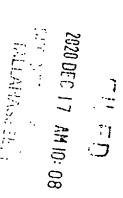
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COVER LETTER

TO: Registration Se Division of Cor			
CUDIECT.	ROK Vis	ta, LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
			t
		aralakshni S	uresh
		Name of Person	
		ROK Vista LL Firm/Company	C
	1096	8 Mandarin Address	Preserve Dr.
		Address	-
	J	acksonville, FL	32257
		City/State and Zip Code	
	<u>γ</u>	o K V i S ta 1 @ 9 to be used for future annual report not	mail·com
	E-mail address: (to be used for future annual report not	ification)
For further information e	oncerning this matter, please ea	all:	
Varalaksh	ini Suresh	at (339) 222	9284
	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th			
☐ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fee, Certificate of Status &
	certificate of Status	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
			(additional copy is circlosed)
Mailing Address		Street Address:	action
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	-	The Centre of T	•
Tallahassee, I		2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rok	Vista LLC
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L</u> 20000317179	empany were filed on $\frac{10/07/2020}{4}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u>ess)</u>
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:	office address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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>	Address	Type of Action
MGR	Tricia Bolds	4532 Mc Ashton St., Sarasota, PL, 34233	i t Add
		3arasota, PL, 34233	□Remove
			□Change
			ElRemove
			□ Change
			□ Add
			□Remove
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Signature of a member or authorized representative of a member VARALAKSHMI Surgest Log Optional Log Optional 2020 (optional) 2020 (optional) 2020 (optional) 2020 (optional) 2020 (optional) Pursuant to 605.020 Englished stantory filing requirements, this date will not be listed as turnent's effective date on the Department of State's records.		 					_	
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