120000321941

(Requestor's Name)
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE		RODUCTS, LLC	•	
SOBB		Name of Lin	nited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		ROCIO F JARAMILLO F	RONQUILLO	
			Name of Person	
		ROCY'S PRODUCTS LL	С	
			Firm/Company	
14130 LANGLEY PL				
			Address	
		DAVIE, FL 33325		
			City/State and Zip Code	
		rfjaramillo101283@HOTM		
		E-mail address: (to be used for future annual report notifi	cation)
For fur	ther information c	oncerning this matter, please c	all:	
ROCIO	O F JARAMILLO	RONQUILLO	305 608=2270	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
≡ \$2:	5.00 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ROCY'S PRODUCTS LLC

(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our records.) inted Liability Company)	
The Articles of Organization for this Limited Liability ComFlorida document number $\frac{L20000321941}{L20000321941}$	pany were filed on 10/12/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
Principal office address MUST BE A STREET ADDRES	<u> </u>	
		哲
Enter new mailing address, if applicable:	14130 LANGLEY PL	
Mailing address MAY BE A POST OFFICE BOX)	DAVIE, FLORIDA 33325	
		-0
If amending the registered agent and/or registered as	Con addition to the control of the c	ب
 If amending the registered agent and/or registered of gent and/or the new registered office address here: 	nce address on our records, enter the	name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Frank II	<u>-</u>
	tiller r lorsda street oddress	
	Enter Florida street address . Florid:	

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 Changing Registered Agent, Signature of New Registered Agent

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
AMBR	ROCIO F JARAMILLO RONQUI!	14130 LANGLEY PL, DAVIE, FL 33325	□Add
			Remove
			□ Add
			□Remove
			Change
			□ Add
			Remove
			⊡Change
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			□Remove
			□Change
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			□Remove
			□Change

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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to obte: If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records.	(optional) date of filing or more than 90 days after filing.) Pursuant to 605.020 e statutory filing requirements, this date will not be listed a
ecord specifies a delayed effective date, but not an effective time is filed.	at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted AUGUST 13TH 2021	
Roccio Turnil Signature of a member or authoriz	ed representative of a member
	•

Filing Fee: \$25.00