## L20000325688

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





100355676001

12/04/20--01012--015 \*\*80.00

2020 DEC -4 PH 4: 50



## **COVER LETTER**

Division of Corporations	
SUBJECT: ROCKY'S	RePairs LLC Name of Limited Liability Company
The enclosed Articles of Amendment a	and fcc(s) are submitted for filing.
Please return all correspondence conce	rning this matter to the following:
R.	ocky Vincent Piccirilli Name of Person
	ROCKY'S REPAIRS LLC Firm/Company
267	50 St thomas Dr Bonita Spring FL 34135 Address
Bon	17 Springs FL 34135 City/State and Zip Code
_ Ros	Exmail address: (to be used for future annual report notification)
For further information concerning this	s matter, please call:
Rocky Vincent Pic	at (239) 221-4128  Area Code Daytime Telephone Number
Enclosed is a check for the following a	imount:
	Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Rockys repairs gmail.com

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 10/14/2020 and assigned Florida document number 20000225688.  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered.	(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.)	<del></del>
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailting address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	{A Florida Li	imited Liability Company)	
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered Agent:  Name of New Registered Agent:  New Registered Office Address:	The Articles of Organization for this Limited Liability Con	mpany were filed on 10/14/2020	_ and assigned
A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  New Registered Office Address:	Florida document number <u>LZ VOQP 3256 88</u>		
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:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registeragent and/or the new registered Agent:  New Registered Office Address:	This amendment is submitted to amend the following:		
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	A. If amending name, enter the new name of the limite	ed liability company here:	
(Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here:  New Registered Office Address:	The new name must be distinguishable and contain the words "Limited	ed Liability Company," the designation "LLC" or the abbrev	viation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here:  New Registered Office Address:	Enter new principal offices address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	(Principal office address MUST BE A STREET ADDRE.	CSS)	920
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registeragent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:			<u> </u>
B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	Enter new mailing address, if applicable:	<u> </u>	_ <sub>0</sub> [ii
B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	(Mailing address MAY BE A POST OFFICE BOX)		- <del> </del>
New Registered Office Address:  New Registered Office Address:			50
New Registered Office Address:  New Registered Office Address:			
New Registered Office Address:		office address on our records, <u>enter the name o</u>	f the new registere
New Registered Office Address:  Enter Florida street address	Name of New Registered Agent:		
Enter Florida street address	New Registered Office Address:		
		Enter Florida street address	
, Florida			
City Zip Code		City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as fregistered 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
MGR.	Rocky Vincent piccivilli	26750 St Thomas Dr Bonitas ring	5 (D/Add FL 34135
			_ □Remove
			_ □Change
President	Rocky V. Piccirilli	26750 St thomas Dx	_ E∕Add
		Barita Springs FL 34135	_ □Remove
			Change
<del></del>			Change
		· · · · · · · · · · · · · · · · · · ·	Remove
			다. GTI Change
			_ 🗆 Add
			_ □Remove
			_ 🗆 Change
<del></del>			_ □Add
			_ □Remove
		· · · · · · · · · · · · · · · · · · ·	_ □Change
			_ □Add
			_ □Remove
			_ Change

								_
	· · · · · · · · · · · · · · · · · · ·				·		·	_
-					<del>.</del>			_
								_
								<del></del> -
				·	•			_
							<del></del>	_
								_
	<del></del>						<del></del>	_
							2020 (	
							DEC T	_ 
								₹
						<del> =</del>	· · · · · · · · · · · · · · · · · · ·	<u>}</u>
							·· 50	_
<u> </u>							0	_
			<u> </u>			<u> </u>	_ <del></del>	
				<del></del>	•			
Effective date, if oth if an effective date is liste Note: If the date inserdocument's effective of	rted in this block d	oes not mee	t the applical	o date of filing ble statutory i	or more than 90 of the filling requirem	(optiona lays after filir ents, this da	ng.) Pursuant to 60	05.0207 sted as
e record specifies a del rd is filed.	ayed effective date	e, but not an	effective tim	ne, at 12:01 a.	m. on the earli	er of: (b)	The 90th day aft	ter the
Dated 11/30/2	920	· -	)1:00 A	<del>M</del>				