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COVER LETTER

The Rocket	Resource LLC		A.
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:	
	Jennifer Oglesby		
	The Rocket Resource	Name of Person	····
		Firm/Company	
	7218 Preserve Pointe Driv		
	Merritt Island, FL 32953	Address	
	jennifer@therocketresource	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Jennifer Oglesby		256 3940033	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 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 Addres Registration S		Street Address: Registration Sec	ction

Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Rocket Resource LLC

(Name of the Limited Liab) (A Florid	lity Company as it now appears on our record da Limited Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on January 05, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)	
		<u></u> .
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		r~ 1
	Enter Florida street addres	55
		orida
New Registered Agent's Signature, if changing Register	·	2.1p
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	t and agree to act in this capacity. I fu complete performance of my duties, at agent as provided for in Chapter 605, red office address. I hereby confirm th	nd I am famili <u>ar</u> with and F.S. Or, if this document is

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	Jennifer Oglesby	7218 Preserve Pointe Drive	
			□Add
		Merritt Island, FL. 32953	□Remove
			■ Change
MGR	Brad Oglesby	7218 Preserve Pointe Drive	_
		Merritt Island, FL, 32953	■ Add
		Memu Island, 142. 329.0	□Remove
			Change
			□Add
	, .,		
			□Remove
			□ Chonus
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an effective date is listed ote: If the date insert	er than the date of file, the date must be specific a led in this block does not ate on the Department of	and cannot be prior to of meet the applicabl	date of filing or more that le statutory filing requ	(optional) an 90 days after filing.) Pur uirements, this date will	suant to 605,0207 (not be listed as t
is filed.	iyed effective date, but i				th day after the
ated <u>Februa</u>	wy 24th	<u> 2021</u>			
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	/ VOLUMENT DE) H 1 / パーロッヘー	$\Delta I \Delta Z$		
ated <u>Februa</u>	Signature of	Na member of nuthoriz	ted representative of a r	nember	<u> </u>