# 121000228229

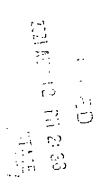
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8/24/21



### **COVER LETTER**

TO:

Registration Section

Div	ision of Cor	porations			
	ROCKET C				
SUBJECT:	Name of Limited Liability Company				
The enclosed	l Articles of	Amerdment and fec(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		James E. Huff			
			Name of Person	<u>.</u>	
		ROCKET COAST HOME	SERVICES LLC		
		<del></del>	Firm/Company	<del></del>	
	625 Bella Vista Drive				
			Aduras	<del></del>	
		Tetusville, FL 32780			
		1. m12201	City/State and Zip Code		
		jhuff2123@gmail.com E-mail address: (	to be used for future annual report no	otification)	
For further in	nformation c	oncerning this matter, please c	all:		
James E. Hu	ır		407 272-6414 at ( )		
	Name o	f Person	Area Code Dayti	ine Telephone Number	
Enclosed is a	a check for th	ne following amount:			
□ \$25.00 I	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	iling Addres		Street Address: Registration S	Section	
Di	vision of C	Corporations	Division of Co	orporations	
	D. Box 632 Ilahassee, l			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### ROCKET COAST HOME SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(	a discounty Company)	
The Articles of Organization for this Limited Liability Compar Florida document number $\frac{L^21000228229}{L^21000228229}$ .	ny were filed on 05/17/20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lial	b:lity Company," the designat	ion "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 agent and/or the new registered office address here:	e address on our record	s, enter the name of the new registere
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida stre	eet 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	James E. Huff	625 Bella Vista Drive, Titusville, FL 32780	<b>=</b> Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			🗀 Add
			Remove
			□Change
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			Remove
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			DRemove)
			Chango

ective date, if other than the date of filing:  officing date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 to effective date is listed, the date must be specific and cannot be applicable statutory filing requirements, this date will not be fisted as sument's effective date on the Department of State's records.  coord specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of: (b) The 90th day after the sfiled.  August 3  2021  Signature bf a member or authorized representative of a member		
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lamas S. Haff	Signature of a member or authorized representative of a member	
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Filing Fee: \$25.00