

L21000245576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

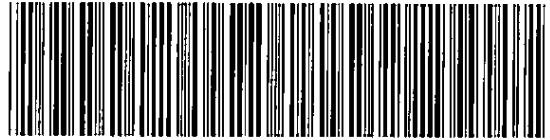
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

R. HUNT

06/24/24

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Todd Rocks LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Todd Siegrist

\_\_\_\_\_  
Name of Person

Todd Siegrist, Realtor / Todd Rocks LLC

\_\_\_\_\_  
Firm/Company

230 Deluna Rd SW

\_\_\_\_\_  
Address

Fort Walton Beach, FL 32548

\_\_\_\_\_  
City/State and Zip Code

todd@toddrocks.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Todd Siegrist

850 7970627

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

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

RECEIVED  
TALLAHASSEE, FL  
JAN 10 10:14 AM

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

Todd Rocks LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/26/2021 and assigned Florida document number 1.21000245976.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Todd Siegrist LLC

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)

158 Eglin Pkwy NE

Fort Walton Beach, FL 32548

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

230 Deluna Rd SW

Fort Walton Beach, FL 32548

**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:

Todd Siegrist

New Registered Office Address:

158 Eglin Pkwy NE

*Enter Florida street address*

Fort Walton Beach

Florida 32548

*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 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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
TALLAHASSEE, FL 32310  
MAY 10 11 44 AM '14

2006 JUN 13 AM 10:14  
DEPT. OF STATE  
WASHINGTON, D.C.

AMTID: 44  
OFFICE OF STATE  
ATTORNEY, FL

(If an effective 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 605.0207 (3)(b)

The record 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 record is filed.

13 \_\_\_\_\_ 2024 \_\_\_\_\_

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Todd Siegrist \_\_\_\_\_

\_\_\_\_\_  
Typed or printed name of signee