

L21 000366572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

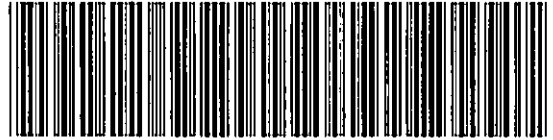
(Business Entity Name)

(Document Number)

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2021 DEC 13 AM 9:32  
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A. RIVERS  
JAN 03 2022

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Rideg Caretaking, 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:

Brandon Rocco

Name of Person

Ridge Caretaking, LLC

Firm/Company

4736 Fleetwood st

Address

Lake Wales 33859

City/State and Zip Code

ridgecaretaking@gmail.com

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

For further information concerning this matter, please call:

Maya Rocco

863 5144337  
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

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

RIDGE CARETAKING, 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 8/16/2021 and assigned  
Florida document number L21000366572.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

1718 N SCENIC HWY

BABSON PARK FL 33827

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

**(Mailing address MAY BE A POST OFFICE BOX)**

1718 N SCENIC HWY

BABSON PARK FL 33827

**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:

1718 N SCENIC HWY

*Enter Florida street address*

BABSON PARK

*City*

Florida

33827

*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>
VP	BRANDON ROCCO	1718 N SCENIC HWY	<input type="checkbox"/> Add
		BABSON PARK FL 33827	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
PRES	MAYA ROCCO	1718 N SCENIC HWY	<input checked="" type="checkbox"/> Add
		BABSON PARK FL 33827	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DAVID DONLEY	1718 N SCENIC HWY	<input checked="" type="checkbox"/> Add
		BABSON PARK FL 33827	<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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Effective date, if other than the date of filing: \_\_\_\_\_ (Optional)  
(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) this date will not be listed as the

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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.

Dated DECEMBER 9, 2021

Blanco  
Signature of a member or authorized representative of a member

BRANDON ROCCO

Typed or printed name of signee