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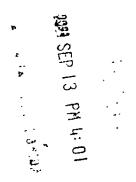
(Requestor's Name)
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:W	arlock's Rock	c'S LLC ited Liability Company	<u> </u>
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Steph	Name of Person	
		es Rocks LLC Firm/Company	
	7557	Carpenter st	
	BAR	ichey FL 346	68
	Down Leart	City/State and Zip Code KGWAT locks rock to be used for future annual report noti	es. com
For further information co	oncerning this matter, please ca	all:	
Stephen C	Person	at (727) 514 . Area Code Daytim	e Telephone Number
Enclosed is a check for th	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		<u>Street Address:</u> Registration Se	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632	7	The Centre of T	ananassee

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WAR locks Rocks LL (Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Ciability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 421000369268.		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		<u>~~~~~</u> .
		<u></u>
Enter new mailing address, if applicable:		<u> </u>
(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:	address on our records, <u>enter the</u>	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete	ee to act in this capacity. I furthe performance of my duties, and I	er agree to comply with the 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 Type of Action Address **Title** Name Stephen Blanchard 1557 Carpenter st DAdd

port richey, FC, 34668 DRemove Change _ 🗆 Add Remove _____ □Add Remove _____ Change \Box Add □Remove □Add _ 🗆 Remove _____ □Change

I just need my title changed from in unable to open a bank account	1.4.1 14 chand	•
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and the state of t	(optional)	
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record specifies a delayed effective date, but not an effective time, at 12:01 a.m. or	the earlier of: (b) The 90th day af	ier i
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Filing Fee: \$25.00