

L21 000 442 044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

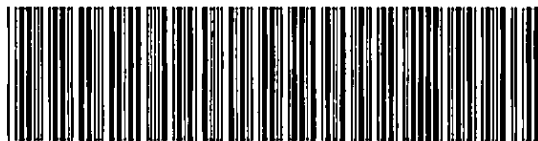
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700395477927

10.11.20--01010--029 **35.00

OFFICE OF STATE
CLERK, ST. PAUL, MN

2022 OCT 11 AM 8:20

211 600

A. BUTLER
JAN - 5 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Rocket Away 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:

roman liberman

Name of Person

Firm/Company

72 carman rd

Address

dix hills / NY 11746

City/State and Zip Code

rocketaway777@gmail.com

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

For further information concerning this matter, please call:

rocketaway777@gmail.com

631 2207756
at ()
Area Code Daytime Telephone Number

Name of Person

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 ☐ \$60.00 Filing Fee,
(additional copy is enclosed) 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

2022 OCT 11 AM 8:20

ROCKET AWAY LLC

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

DEPARTMENT OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on October 11 2021 and assigned
Florida document number L21000442044.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Jonathan Malkind

New Registered Office Address:

15807 Biscayns Blvd Suite 211.

Enter Florida street address

North Miami

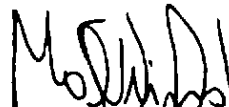
City

Florida 33160

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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)

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 October 6, 2022

Roman Liberman

Typed or printed name of signee

Filing Fee: \$25.00