

L21000445696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

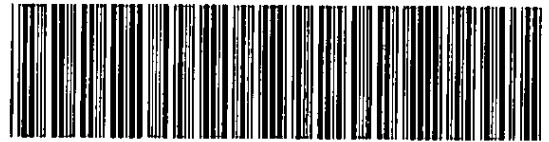
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DEPARTMENT OF REVENUE
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COVER LETTER

TO: Registration Section
Division of Corporations

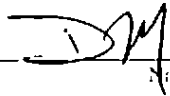
SUBJECT: Rocket Foam LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donald May



Name of Person

ROCKET FOAM LLC

Firm/Company

433 CENTRAL AVE 4TH FLOOR

Address

ST PETERSBURG FL 33701

City/State and Zip Code

scott@martiandistribution.com

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

For further information concerning this matter, please call:

Donald May

321 302-0575
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**

Rocket Foam 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 10-12-21 and assigned
Florida document number L21000445696.

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)

433 Central Ave 4th Floor

St Petersburg, FL 33701

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

433 Central Ave 4th Floor

St Petersburg, FL 33701

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:

Timothy Scott Wainwright

New Registered Office Address:

433 Central Ave 4th Floor

Enter Florida street address

St Petersburg

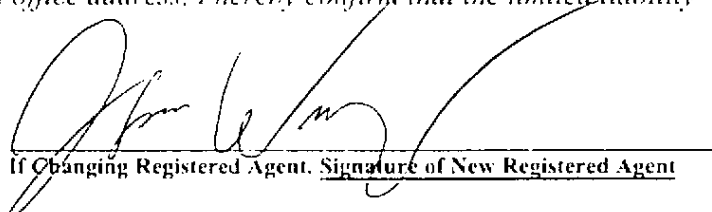
City

Florida 33701

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

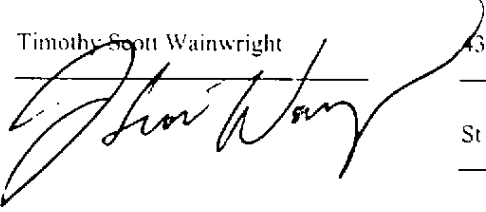

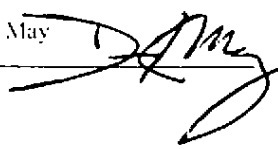
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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>
AMBR	Timothy Scott Wainwright	433 Central Ave 4th Floor	<input checked="" type="checkbox"/> Add
		St Petersburg, FL 33701	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ian T Meldeau	1260 S. TROPICAL TRAIL	<input type="checkbox"/> Add
		MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Donald K May	1260 S. TROPICAL TRAIL	<input type="checkbox"/> Add
		MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.


Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00