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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243

EXAMINER'S INITIALS:____

Please use funds from the account 120210 Authorization Signature	
Collective Corporate LLC L22000023772	Com Fall-
•	u va a a a
Business Name #Doo	eument
Certified Copy of Articles of	
Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit LLC Domestication INC CORP LP	XAmendmentResignation of R.AChange of Registered AgentRevocation of DissolutionConversionStatement of AuthorityMergerREVOCATION OF DISSOLUTION
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
TRANSMITTAL LETTER	_ Foreign Filing
Fictitious Name	Partnership Reinstatement Statement of CORRECTION
Statement of Authority	Domestication of a Foreign Corp.
APOSTILCOUNTRY	Other

COVER LETTER

TO:

Registration Section

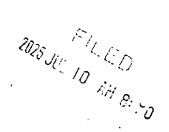
Tallahassee, FL 32314

Division of Co	rporations		
	VÉ CORPORATE LLC		
SUBJECT:	Name of Lin	uted Liability Company	—
		, , ,	
The enclosed Assistance	S Amondonant and Frace) are as b	iwad caa entaa	
	f Amendment and fec(s) are sub	•	
Please return all corresp	ondence concerning this matter	to the following:	
	Philip S. Haney		
		Name of Person	
	Law Offices Philip S. Hane	ey	
		Firm/Company	
	7331 S. Olympia Ave #325		
		Address	
	Tulsa, OK 74132		
		City/State and Zip Code	
	joel@charlottegambill.com	n	
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Phitip S. Haney		918 227-3307	
Name (of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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)
مراداد م الله الله الله الله الله الله الله ال		6	
Mailing Address Registration		Street Address: Registration Se	ection
Division of C	Corporations	Division of Cor	rporations
P.O. Box 632	27	The Centre of T	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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L	JL	·L	С.	. .	- 1 3	v c	_	v	٦,		n	~	I .	L. '		١.

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

(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on January 11, 202	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
ROCK ISLAND X LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ility Company," the designation "LL	.C" 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 agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>i</u>	

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 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>	Type of Action
AMBR	CHARLOTTE GAMBILL	96 SALAMANDER CIRCLE	□Add
		SANTA ROSA BEACH, FL 32459	□Remove
AMBR	STEVE GAMBILL	96 SALAMANDER CIRCLE	□Add
		SANTA ROSA BEACH, FL 32459	□ Remove
			☑Change
			□Remove
			□Change
			Remove
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			Петоve
			Change
			□Add
			Remove
			□ Change

				
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Effective date, if other than the date in an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	k does not meet the applie	cable statutory filing requi	(optional) 190 days after filing.) Pursuant to rements, this date will not be	605.0207 listed as
e record specifies a delayed effective d rd is filed.	late, but not an effective t	time, at 12:01 a.m. on the	carlier of: (b) The 90th day a	after the
	2025			
July 10 Dated	1	<u> </u>		
Dated <u>July 10</u> <u>Steve Gambill</u>	1			
Dated Steve Gambill Steve Gambill (No. 10, 2022 10:30 CDT) Si		norized representative of a me	anber	-