L22000270897

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	Registration Division of (n Section Corporations	•	
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SUBJECT	r: <u>"Ko</u>	CKY IMPORT AND EXPORT LLC Name of Limited Liability Company		
		Name of Limited Liaothty Company		
The enclos	sed Articles	s of Amendment and fee(s) are submitted for filing.		
Please rett	arn all corre	espondence concerning this matter to the following:		
		LAUIZA ATAYA Name of Person		
		Name of Person	-	
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		Firm/Company	- (=	
			. '` *= —	• :
		704 PENNSYWANTA AVE Address	- 1、 (型) -	4
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		SAINT CLOUD, FL 34769 City/State and Zip Code	003 Th. 18 L. 15 O.	
		City/State and Zip Code	2	
		ATAYALAURA © UMAIL . COM E-mail address: (to be used for future annual report notification)		
		E-mail address: (to be used for future annual report notification)		
For furthe	r informatio	on concerning this matter, please call:		
<u> </u>	AUHA	ATAYA me of Person at (407) Area Code Daytime Telephone Number		
	Nar	me of Person Area Code Daytime Telephone Number	r	
Enclosed i	is a check fe	for the following amount:		
\$25.0	0 Filing Fee	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified	ite of Status &	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 13777

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROCKY IMBRT AND EXPORT U (Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000270897</u> .	were filed on (14 120 22 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	POY PENNSYLVANIA AVE 19 34769 (=
(Principal office address MUST BE A STREET ADDRESS)	PAINT CLOUD, PL 34769 (=
Enter new mailing address, if applicable:	SAINT CLOUD, FL 34769
(Mailing address MAY BE A POST OFFICE BOX)	PAINT CLOUD, FL 34769
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Floridu 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 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>	Address	Type of Action
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		LOCAL 67 VALGUCIA EDO CAPAR	Remove
		CB 2001	□Change
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