7/27/22, 9:39 AM

Division of Corporations



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(((H22000253753 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SWANN HADLEY STUMP DIETRICH & SPEARS, P.A.

Account Number : I20220000030 Phone : (407)647-2777 Fax Number : (407)647-2157

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

[remail	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROCK BAYSIDE LAKES LLC

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Help

COVER LETTER

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SHR WAY				
SUBJECT:		Name of Lim	ited Liability Company	- 1111
Division of Corporations Rock Bayside Lakes 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: Karen Nt. Brown				
Please return	all correspo	indence concerning this matter	to the following	
		Karen M, Brown		
			Name of Person	
			P.C.	
Firm/Company				
		200 E. New England Ave.,	Suite 300	
			Address	
		Winter Park, Florida 3278)	
			City/State and Zip Code	
			Name of Person P.C. Firm/Company Suite 300 Address City/State and Zip Code on to be used for firate annual report nonfleation) fill: 407 740-3117 at (
For further in	noinmaion c			nincation)
Karen M. B	rown			
	Name o	l Peison	Area Code Dayti	me Telephone Number
Enclosed is a	check for ()	ne following amount:		
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Div	vision of C	Corporations	-	
			The Centre of	Tallahassee
1 81 1	llahassee, I	に起 うてき 1会	2415 N. Monr	oc Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rock Bayside Lakes LLC			
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited.	Liability Company were filed on Jun	c 29, 2022	and assigned
Florida document number L22000294162	·		
This amendment is submitted to amend the fol	Howing:		
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the de-	signation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or	registered office address on our re	cords, enter the name	of the new registe
agent and/or the new registered office addre	ess here:	<u>.</u>	Z. 2
Name of New Registered Agent:	Maynard Cooper & Gale, P.C.		izz Ju
New Registered Office Address:	200 F. New England Avenue, Suite		12 F
	Winter Park	da viregi address Florida	S S E E E E E E E E E E E E E E E E E E
New Registered Agent's Signature, if changing	Chy		ジャの コ N
and the first of the state of t	registered Agent:	** <u>*</u> *	7

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.

Maynard Cooper & Gale, P.G.

By:

H Changing Registered Agent, Signature of New Registered Agent

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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

Title	<u>Name</u>	Address	Type of Action
MGR	Gregg Zuckerman		□Add
			■Remave
			□Change
MGR	Rock Properties II, Inc.	145 Lincoln Avenue, Suite B	= Add
		Winter Park, PL 32789	□Remove
			□Change
			☐Remove
			OChange
			□ Пенюче
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record specifi Lis filed.	s a delayed effective da	e, but not an effecti	ve time, at 12:0	l a,m, on the ear	rtierofi (b) The 9	Oth day after the
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	Sign	alure of a member or	authorized represe	colative of a ment	bor	
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		Gregg Zu	okerman printed name of si			

Filing Fee: \$25.00