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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GARY, DYTRYCH & RYAN, P.A.

Account Number : I19990000255 Phone : (561)844-3700 Fax Number : (561)844-2388

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

Email Address:\_

tschickedanz@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROCK N FLORIDA 11, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

(H230002439703)

ROCK N.FLORIDA 11, 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 10/25/2022	and assign	ned.
Florida document number L22000458402		ica
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)		<del></del>
B. If amending the registered agent and/or registered office address on our records, enter the		na
agent and/or the new registered office address here:	D2IDE OF The new re	فده
		' <u>=</u>
Name of New Registered Agent:	<del></del>	 
New Revistered Office Address		77
Enter Florida street address		ယ္
Floridi		2
New Paristant Atoms 1. Street Market	Zip Code	

New Registered Agent's Signature, if changing Repistered 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 divises, 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

(H23000243970 3)

## If smending Anthorized 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 (H230002439703)

<u>Title</u>	Name	Address	Type of Action
AMBR	ROCK N MANAGEMENT, INC.	1795 BRUMLEY ROAD	
	_	CHULUOTA, FL 32766	Remove
			Change
AMBR	ROCK N'ENTERPRISES, LLC	1795 BRUMLEY ROAD	
		CHULUOTA, EL 32766	DRemove
			Change:
<del></del>			□Arid
			□Remove
			□ Change
			DAdd
			□Remove
			☐ Change
			□Add
			□Remove.
			Change
<del>_</del>			□Add
			□ Remove
			☐Ctiange

(H230002439703) D. If amending any other information, enter change(s) here: (Anach additional sheets, if necessary.) E. Effective date, if other than the date of filing:

(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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 of authorized representative of a momber JOHN WEISSFISCH AMBR Typed or printed name of signee

Filing Fee: \$25:00

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