

122000470130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

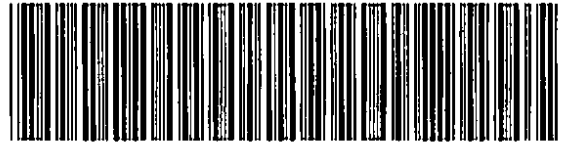
(Business Entity Name)

(Document Number)

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2022 DEC -1 PM 1:47
SECRETARY OF STATE
FALL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rocky Top Operations, 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:

Jacob Kesterson
Name of Person

Rocky Top Operations, LLC
Firm/Company

725 Dunlanton Ave, Port Orange, FL 32127
Address

Port Orange, Florida 32127 Po Box 290579
City/State and Zip Code

jacob@rockytopoperations.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacob Kesterson at (865) 456-0408
Name of Person Area Code Daytime Telephone Number

SECRET
TALLAHASSEE, FL

2022 DEC -1 PM 1:47

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Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Rocky Top operations, 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 November 2, 2022 and assigned Florida document number L22000470130.

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)

2022 DEC 13 PM 1:03
SEC 11
FILED
CLERK OF CIRCUIT COURT
PORT ORANGE, FL

725 Dunlawton Avenue
Port Orange, FL 32127
PO Box 290579

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:

New Registered Office Address:

Enter Florida 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 Changing Registered Agent, Signature of New Registered Agent

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>
CEO	Jacob Kesterson	3230 S Ridgewood Ave	<input type="checkbox"/> Add
		South Daytona 32119	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Jacob Kesterson	3230 S Ridgewood Ave	<input checked="" type="checkbox"/> Add
		South Daytona, FL 32119	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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SECRETARY OF STATE
TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Changing the title of Jacob Kesterson, from
(CEO), to (Manager).

Changing the mailing address from 3230 S Ridgewood
Ave, South Daytona, FL 32119,
to: 725 Dunlawton Ave Port Orange, FL 32127
PO Box #290579

2012 DEC -1 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

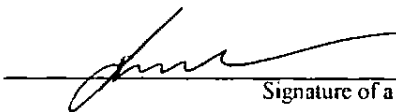
E. Effective date, if other than the date of filing: _____ (optional)

(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.

Dated November 24, 2022.



Signature of a member or authorized representative of a member

Jacob Kesterson

Typed or printed name of signee