L23000015954

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COVER LETTER

Registration Section

TO:

Division of Cor	porations		
subject: <u>Ro</u>	chland Capita	3 Management ited Liability Company	
		·····	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Joshua N	V Donald Name of Person	
	Roduland Ca	pital Management LI Firm/Company	_(
	7940 Front	Beach Rd. Address	
	Panama City	- Beach, FL 3241 City/State and Zip Code digital, agency to be used for futtle annual report noti	07
	Jush @ rockland E-mail address: (ligital, agen (4	fication)
For further information c	oncerning this matter, please ca	all:	
Toshua Mc	Donald	at (845) 636 - 6 Area Code Daytim	LBG67 e Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C	Section	Street Address: Registration Se Division of Cor	
P.O. Box 632	7	The Centre of T	allahassee
Tallahassee, I	TL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rockland Capital Mana	gement LLC	
(Name of the Limited Liability Compa (A Florida Limited I	dy as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000015954</u>	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	1914 Long Bond Drive Longwood FL, 32779	
(Principal office address MUST BE A STREET ADDRESS)	Longwood FL, 32779	<u>.</u>
Enter new mailing address, if applicable:	νA	2023 J
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
		' '
		, ————————————————————————————————————
B. If amending the registered agent and/or registered office a	address on our records, <u>enter the nam</u>	e of the new-registered
agent and/or the new registered office address here:		 ن
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

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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			□Remove
			Change
			□Add
			☐ Add ☐ Remove
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s filed.	ive time, at	12.01 a.m. on u	ne carner or: (6) The 90th	day an
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Holden Giles Typed or	authorized re	epresentative of a	member		

Filing Fee: \$25.00