L23000038471

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COVER LETTER

TO: Registration Se Division of Cor		•	
SURIECT: PC	OCK FOUR.	LLC	
30bacc1	OCK FOUR Name of Lim	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:	
	LUIS RE	ESTREPO	
	LUIS RE	Name of Person	
	ROCK FO	OUR 11.0	
		Firm/Company	
	200 OCE	AN LANE DRIVE	E APT. 1007
		Address	
	Key Biscoyn	City/State and Zip Code	19
L		DO QO de LSa. C	
	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
LUIS RE	STREPO	ar (786) 767	3720
Name of	Person .	at (786) 767 Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address: Registration Sec	ction
Division of Co		Division of Corp	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ROCK FOUR L	-LC
(Name of the Limited Liability Comp. (A Florida Limited	oany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2300038471</u>	y were filed on $\frac{O1/20/2023}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liabi	illin Company "the designation "I I (" or the abbrilling the I ("
The new manie must be distinguishable and comain the words. Entired Elab	mity Company, the designation line of the abdoviation state.
Enter new principal offices address, if applicable:	200 OCEAN LANE DRIVE APT-1007
(Principal office address MUST BE A STREET ADDRESS)	KEY BISCAYNE, FL 331490
Enter new mailing address, if applicable:	200 OCEAN LANE DRIVE APT. 1007 KEY BISCAYNE, FL 33149
(Mailing address MAY BE A POST OFFICE BOX)	KEY BISCAYNE, FL 33149
B. If amending the registered agent and/or registered office 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 Florida street address
	Florida Ciw Zip Code
	- ve

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>	<u>Address</u>	Type of Action
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
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Frective date, if other than the date of filing:		
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