

L23000135545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700416860267

10/09/23 010:11:032 \*\*25.00

2023 OCT -9 PM 12:40

2023 OCT -9 PM 12:40

R. HUNT

10/09/23

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ROCKLYN CAPITALIZATION GROUP, 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:

Tristan Farrell

Name of Person

Rocklyn Capitalization Group, LLC

Firm/Company

3505 Koger Blvd., Suite 275

Address

Duluth, Georgia 30096

City/State and Zip Code

tfarrell@sunlight-resorts.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tristan Farrell

Name of Person

678  
at ( )

Area Code

698-4059

Daytime Telephone Number

Enclosed is a check for the 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 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

2023 OCT -9 PM 12:40

Division of Corporations

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Rocklyn Capitalization Group, 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 March 23, 2023 and assigned  
Florida document number L23000135545.

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)

**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

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>	<u>Type of Action</u>
MGR	JACK R. BREWSTER	3505 Koger Blvd.	<input checked="" type="checkbox"/> Add
		Suite 275	<input type="checkbox"/> Remove
		Duluth, Georgia 30096	<input type="checkbox"/> Change
MGR	DARLENE VANISCAK	3505 Koger Blvd.	<input checked="" type="checkbox"/> Add
		Suite 275	<input type="checkbox"/> Remove
		Duluth, Georgia 30096	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

RECEIVED  
DIVISION OF CONSUMER AFFAIRS  
OCT 9 PM 2:40  
2000

2023 OCT -9 PM 12:40

2023 OCT -9 PM 12:40

**THE**

**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.

Dated October 9 2023

Signature of a member or authorized representative of a member

Benjamin W. Hardin, Jr.

---

Typed or printed name of signee

**Filing Fee: \$25.00**