L24000130761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

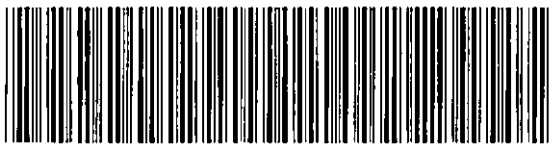
Special Instructions to Filing Officer:

OK to file
pcc
Rebecca Lefevers

CJ 6/26/2025

Office Use Only

4085-



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2025 JUN 23 PM 5:15

CJ 6/26/2025

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tami Rocks LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tamara Baranek
Name of Person

Tami Rocks
Firm/Company

22 Golfview Trl. B
Address

Wildwood FL 34785
City/State and Zip Code

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

For further information concerning this matter, please call:

Tamara Baranek at (360) 633-1088
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☐ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

INHS18 (2/14)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 3, 2025

TAMARA BARANEK
22 GOLFVIEW TRAIL
WILDWOOD, FL 34785

SUBJECT: TAMI ROCKS, LLC
Ref. Number: L24000130761

We have received your document for TAMI ROCKS, LLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 425A00011951

RECEIVED
JUN 23 2025
By_____

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: ~~Tami Rocks~~ TAMI ROCKS, LLC

2. (a) 22 Golfview Trl. — Principal office address of limited liability company: (*Note: MUST BE STREET ADDRESS*)
Wildwood FL 34785

(b) _____ — Mailing address of limited liability company: (*Note: MAY BE POST OFFICE BOX*)

3. March 15 2024 — Date of filing/registration in Florida

4. L24000130701 — Document number

5. (a) Trevor Rowley — Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Inc Authority RA
Registered Office Address (*MUST BE FLORIDA STREET ADDRESS*)
390 N. Orange Ave.
Orlando, FL 32801

(b) Tamara Baranek — Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
22 Golfview Trail
NEW Registered Office Address:
Wildwood FL 34785
_____, FL _____

FILED
2025 JUN 23 PM 5:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Tamara Baranek
Signature of a member or authorized representative of a member

Tamara Baranek
Printed or typed name of signee

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.

Tamara Baranek
Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314
FILING FEE: $25.00

INHS18 (2/14)