L24000277057

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: 50C	Ket distrib	olited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
÷	Rocket dis	Name of Person +VI bution LLC Firm/Company	
:	10229Nm 71st	-tev	<u> </u>
		Address	
	Doubliff 33	City/State and Zip Code Campil.Com to be used for future annual report noti	
	3/ 1	City/State and Zip Code	
	vochet distmin	to be used for future annual report por	fication)
For further information co	ncerning this matter, please c		neation
			_
(Justavo B)	anco	at (786) 238 Area Code Daytim	34437
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	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)
<u>Mailing Address</u> Registration S		<u>Street Address:</u> Registration Sec	ction
Division of Co	orporations	Division of Cor	porations
P.O. Box 6327 Tallahassee, F		The Centre of T	allahassee e Street Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iability Company as it now appears on our records.)
lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _______________________________and assigned Florida document number <u>L240</u>06237057 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 "LLC." 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 ___

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.

City

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>	Name	Address	Type of Action
MGR	Javier Sanchez	10869 NW 85th ter	□Add
		Doval, F133178	Cremove
			□Change
			□ Add
			□Remove
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	V
ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to d te: If the date inserted in this block does not meet the applicable	date of filing or more than 90 days after filing.) Pursuant to 605.0
ument's effective date on the Department of State's records.,	
cord specifies a delayed effective date, but not an effective time,	at 12:01 a m. on the earlier of: (h). The 90th day often
s filed.	, at 12.01 a.m. on the carner of. (b) The 90th day after t
00/22/22/2	
ed 09/22/2024.	
Spirit	
gnature of a member or authorize	ed representative of a member