

M18000010433

(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:

J. HORNE
DEC 13 2024

Office Use Only



800439049138

FILED
2024 DEC 12 AM 11:04

2024 DEC 12 PM 3:43

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : 120000000195

REFERENCE : 780116 7961286

AUTHORIZATION :

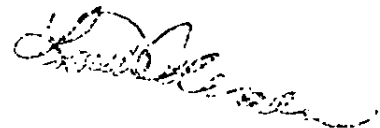
COST LIMIT : \$ 125

ORDER DATE : November 21, 2024

ORDER TIME : 1:22 PM

ORDER NO. : 780116-090

CUSTOMER NO: 7961286



FOREIGN FILINGS

NAME: ROCK COMMUNICATIONS, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER: _____

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Rock Communications, LLC

Enter new principal office address, if applicable: 5085 NE 17th Street

(Principal office address
MUST BE A STREET ADDRESS) Des Moines, IA 50313

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX) 5085 NE 17th Street
Des Moines, IA 50313

2. The Florida document number of this limited liability company is: M18000010433

3. Jurisdiction of its organization: Iowa

4. Date authorized to do business in Florida: 11/21/2018

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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.

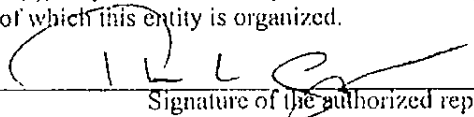
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Mittera Group, Inc.	1312 Locust St., Suite 202	<input type="checkbox"/> Add
		Des Moines, IA 50309	<input checked="" type="checkbox"/> Remove
MGR	Mittera Group, Inc.	5085 NE 17th Street	<input checked="" type="checkbox"/> Add
		Des Moines, IA 50313	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Thomas L. Slaughter

Typed or printed name of signee

Filing Fee: \$25.00

CSC 80116