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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : KOEPPEL LAW GROUP, P.A.

Account Number : I20070000064
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## COR AMND/RESTATE/CORRECT OR O/D RESIGN GOT ROCCO, INC.

Certificate of Status	0
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## **COVER LETTER**

TO:	Registration Sectorial Division of Corp	tion orations			
SUBJE	? <i>€*</i> T*•	GOT F	ROCCO, INC.		
301131	<u> </u>		ited Liability Company	<del></del>	
The en	closed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
			Name of Person		
		Ко	eppel Law Group, P.A.		
			Firm/Сопораду		
		400 S. A	Australian Avenue, Suite	300	
			Address		
		West F	Palm Beach, Florida 334	01	
			City/State and Zip Code		
		Joel@	KoeppelLawGroup.com	notification)	
For fur	ther information cor				
		400 S. Australian Avenue, Suite 300  Address  West Palm Beach, Florida 33401  City/State and Zip Code  Joel@KoeppelLawGroup.com  B-mail address: (to be used for future annual report notification)  Information concerning this matter, please call:  Joel P. Koeppel  at ( 561 ) 659-6455  Name of Person Area Code & Daytime Telephone Number			
	Name of I	<sup>2</sup> erson	Area Code & Day	time Telephone Number	
Enclose	ed is a check for the	following amount:			
<b>₹</b> 7 \$25	.00 Filing Fee		Certified Copy	Certificate of Certified Cop	Status & y

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOT	ROCCO, INC.		Will bo
(Name of the Limited Liability (A Florida L	Company as it now appe imited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Co Florida document number P10000044276	ompany were filed on	05/21/2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company he	ere:	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Comp	cany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	238 Bunker	Ranch Road	
(Principal office address MUST BE A STREET ADDR.	ESS) West Palm E	Beach, Florida 3340	05
			····
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address.		our records, <u>enter t</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Ei	ster Florida street addr	ess
	City	, Florida	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 608, 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

MGR = Manager

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u>Citle</u>	<u>Name</u>	Address	Type of Action
············			Add Remove
·			Add Remove
			Add Remove
. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
	· · · · · · · · · · · · · · · · · · ·		
			<del>_</del> _
ated	K H.	012	
	/ Rc	r or authorized representative of a member  OCO Mayor    Tor printed name of signee	<del> </del>

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Filing Fee: \$25.00