## 114000/44950

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## **COVER LETTER**

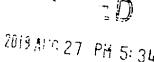
SUBJECT:	AXIAL MANAGEMENT SI	ERVICES, LLC		
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
		HIRAM OCARIZ		
		Name of Person		
		Firm/Company		
-	999 PONCE DE LEON BLVD, SUITE 650			
		Address	<del></del>	
	C	ORAL GABLES, FL 33134		
		City/State and Zip Code		
		to be used for future annual report notif	ication)	
For further information	n concerning this matter, please co	all:		
HIRAM OCARIZ		305 995-9800 at () Daytime		
Nam	e of Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for	r 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 enclose	

MAILING ADDRESS: Registration Section

Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



AXIAL MANAGEMENT SERVICES, 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 and assigned L14000144950 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ROCKCHAR MANAGEMENT SERVICES, LLC 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 Torida street address

## 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>	Address	Type of Action
			Add
			□ Remove
			Change
<del></del>			
			Remove
			Change
			Add
			□ Remove
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	/		
			Remove
			Change
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			□ Remove
			Change
			Add
	,		Remove
			Change

. 11 amendir	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
	<del></del>
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. —	
. —	
Note. If the	date, if other than the date of filing:  date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
the record ) The 90th	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: n day after the record is filed.
Dated	AUGUST 22 2019
_	
	Signature of a member of authorized representative of a member  HIRAM D. OCARIZ
_	Typed or printed name of signee