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(Requestor's Name)

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(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2013 MAR 19 AM 8:42  
CLERK OF STATE  
TALLAHASSEE, FL 32309

J. SAULSBERRY  
EXAMINER

MAR 21 2013

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Rojas Contractors Group, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ozzie Calzada Jr.

Name of Person

Rojas Contractors Group LLC

Firm/Company

611 NW 5th ST.

Address

Miami, FL 33128

City/State and Zip Code

rcg@RCGcontractors.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ozzie Calzada Jr.

Name of Person

at 305 377-2328

Area Code & Daytime Telephone Number

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Enclosed is a check for 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 enclosed)

### 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**

Rojas Contractors Group, 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 03/15/2013 and assigned  
Florida document number L07000090848.

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 end with 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)**

611 NW 5th Street  
Miami, FL 33128

Enter new mailing address, if applicable:  
**(Mailing address MAY BE A POST OFFICE BOX)**

2520 Coral Way, Suite 2-301  
Coral Gables, FL 33145

**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

*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 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**

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:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Boris Lois	2520 Coral Way, Suite 2-301	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33145	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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FALL AND WINTER 2019

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

D.B.A. RCG Contractors

Dated 03/15 2013

Signature of a member or authorized representative of a member  
OSUALDO CALZADA SR.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FL 32304

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