

L100000S3261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

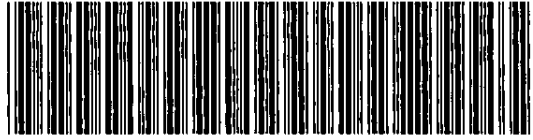
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 20 2015

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2015

MARITZA E ARAUJO
501 SW 11TH PLACE, APT 203-A
BOCA RATON, FL 33432

SUBJECT: ROLMA, LLC
Ref. Number: L10000053261

We have received your document for ROLMA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

HAVE MEMBER OR AUTHORIZED REP SIGN PAGE 3

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 615A00020910

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROLMA 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:

MARITZA E ARAUJO
Name of Person
ROLMA LLC
Firm/Company
501 SW 11th PL Apt 203-A
Address
Boca Raton Fl 33432
City/State and Zip Code
Rolmallc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maritza E Araujo 305 905 7372
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

ROLMA 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 05/18/2010 and assigned Florida document number L10000053261.

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 "L.L.C."

Enter new principal offices address, if applicable:

501 SW 11th Pl Apt 203 A Boca Raton Fl 33432

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

501 SW 11th Pl Apt 203 A Boca raton Fl 33432

(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 _____

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

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	Maria Susana Araujo	501 SW 11th Pl Apt 203A Boca	<input checked="" type="checkbox"/> Add
		Raton 33432	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARITZA E ARAUJO	501 SW 11th PL Apt 203A Boca	<input type="checkbox"/> Add
		Raton Fl 33432	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	ROLANDO J. ARAUJO	501 SW 11th Pl Apt 203A Boca	<input type="checkbox"/> Add
		Raton Fl 33432	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated Oct, 14, 2015.

Handwritten signature of Maritza E. Braudo

Signature of a member or authorized representative of a member

MARITZA E BRAUDO

Typed or printed name of signee

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