(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

SUBJECT:	RO	ENGI LLC	
		ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	YOLANDA	KATON, LEGAL ASSI	STANT
		Name of Person	
	AL	EX D. SIRULNIK, P.A. Firm/Company	
	2701 Po	nce De Leon Blvd. Suit	e 202
		Address	
	Co	Oral Gables, FL 33134 City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	yk.	aton@sirulniklaw.com to be used for future annual report	not begins
For further information	concerning this matter, please c		nonneationy
	olanda Katon	at (<u>305</u>)	443-7211 aytime Telephone Number
Name	of Person	Area Code & D	aytime Telephone Number
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 enc	\$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

SECRETARY OF STATE.

	ROENGILLC		SSECTOLATE
. (Name of the Limited I	Liability Company as it now a Florida Limited Liability Comp	ippears on our records.) pany)	SSEE FLORIDA
The Articles of Organization for this Limited Lia Florida document numberL110001373		n December 6, 2011	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability compan	ıy here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability C	Company," the designation "L.I.	C" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET			
F. (
Enter new mailing address, if applicable:	1010		
(Mailing address MAY BE A POST OFFICE B	•		
B. If amending the registered agent and/or registered agent and/or the new registered off	-	on our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:			
New Registered Office 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 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.

City

Enter Florida street address

If ainending 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>	Address	Type of Action	
MGR	ENZO ZARRILLO	8440 NW 66 Street Miami, FL 33166	Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
D. If amen	ding any other information, ent	ter change(s) here: (Attach additional sheets, if necessary,)		
 Dated	December 14	,		
	Signature of	a member or authorized representative of a member		
		Alex D. Sirulnik, Esq. Typed or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00