L120000 28779

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COVER LETTER

Division of Corpor				
SUBJECT: Rodita	LLC			
Jobaccii	Name of Limit	ted Liability Company		
The enclosed Articles of Am	endment and fec(s) are sub	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
		Name of Person		
-		Firm/Company		
		Address		
		, ida 635	20 20 20 20 20 20 20 20 20 20 20 20 20 2	C
•		City/State and Zip Code	MI FE 40	
Par Control Section Control		o be used for future annual report notificati		
For further information conc	erning this matter, please c	all:	50 -	
Name of Pe	erson	at () Area Code & Daytime Te	•*	
Enclosed is a check for the f	ollowing amount:			
■ \$25.00 Filing Fee	□\$30.00 Filing Fec & 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	ſ)

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

TO:

Registration Section

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

Rodita LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on ou a Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability		
Florida document number L12000028779	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD.	DRESS)	
Enter new mailing address, if applicable:		Since Control of the
(Mailing address MAY BE A POST OFFICE BOX)		mon -
		(n)
	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered agent and/or the new registered office a		cords, enter the name of the new
registered agent and/or the new registered office a	udress nere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	rida street address
	Ch	_, 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>	Name	Address	Type of Action
MGRM	Julio Cesar Trutner	1549 NE 123rd Street	Add
	•	North Miami, FL 33161	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Remove

. If amending any oth	ner information	, enter change(s) her	e: (Attach additional sheets, if necessary.)
	<u> </u>		
February _	20	, <u>2013</u>	igo
	Signatu	re of a member or author	orized representative of a member
	TRUTI	VER, DIE	60 ARIEC ed name of signee
		Typed or print	ed name of signee

Page 3 of 3

Filing Fee: \$25.00