

L130000038720

(Requestor's Name)



200250672712

(Address)

(Address)

(City/State/Zip/Phone #)

08/16/13--01005--008 **25.00

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Amend

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STATE
CLERK

EXAMINED
AUG 19 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROBERT DELUCA, 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:

ROBERT DELUCA
Name of Person

Firm/Company

16410 SAPPHIRE ST.
Address

WESTON, FL 33331
City/State and Zip Code

bobdeluca.biz@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT DELUCA at (954) 270-9493
Name of Person Area Code & Daytime 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 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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ROBERT DELUCA, 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 MAR 13, 2013 and assigned
Florida document number L13000038720.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

RODEL COMMERCIAL REALTY, LLC

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)

1391 SAWGRASS CORPORATE PKWY.
SUNRISE, FL 33323

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 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 60S, 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

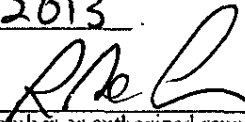
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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STATE OF FLORIDA
DEPT. OF REVENUE

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

Dated

AUG 14 . 2013 .



Signature of a member or authorized representative of a member

ROBERT DELUCA

Typed or printed name of signee

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Filing Fee: \$25.00

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FLORIDA