

L15000

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : GFS TAX & ACCOUNTING SERVICES  
Account Number : 120140000089  
Phone : (754)301-2128  
Fax Number : (954)252-4650

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: INFO@GESTAXACCT.COM

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2020 APR 10 AM 8:06

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
AGROSHOP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2020 APR 10 AM 9:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H200001059253

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AGROSHOP, 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:

GILVAM F DOS SANTOS  
Name of Person

GFS TAX & ACCOUNTING SERVICES  
Firm/Company

2001 W CYPRESS CREEK RD STE 102 B  
Address

FT LAUDERDALE FL 33309  
City/State and Zip Code

INFO@GPSTAXACCT.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GILVAM F DOS SANTOS at (954) 9573244  
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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H200001059253

AGROSHOP, 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 11/16/2015 and assigned  
Florida document number L15000193700

This amendment is submitted to amend the following:

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

ROCHA VENTURES LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

1900 GLADES RD STE 500

BOCA RATON FL 33431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1900 GLADES RD STE 500

BOCA RATON FL 33431

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
APR 10 AM 9:15

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 APR 10 9:11 AM '20

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

of

Multiple horizontal lines for recording information.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 APR 10 AM 9:18

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 subject to future filing or some other filing requirement.)  
Warning: If the date provided 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, list not an effective time, at 12:01 A.M. on the number of (h) The 00th day after the record is filed.

Date: APRIL 07 2020  
*André Rocha*  
ROCHA, ANDRÉ S  
Typed or printed name of signor