Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000431809 3)))



H200004318093ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

	To:					
C.		Division of Cor	porations			
લંક		Fax Number	: (850)617-6383			
	From:					
		Account Name	: HISPANUSA INC			
·- <u>-</u>		Account Number	: 120070000099			
_		Phone	: (954)478-2706	(1)		
		Fax Number			2021	
			• ,	· · ·)	==	
, L					IIYU I	
í	**Enter	the email addres:	for this business entity to be used for	fucure		,
	anr	nual report maili	gs. Enter only one email address please.	** 12.	_	
	Ema	il Address:		_ ၁)]	
				لئــ :ـــ		1
				<i>7</i>	တ	'۔۔'
r				, · ·	5	
	TT	C AMDID/DES	TATE/CODDECT OD M/MC DESIG	N .	9	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROHA TITLE SERVICES LLC

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

J. Help

COVER LETTER

ROHA TITLE SERVICES LLC Name of Limited Liability Company The enclosed Articles of Amendment and fec(s) are submitted for filing. Please return all correspondence concerning this matter to the following: MEJIA, RONY J Name of Person	S LLC
Name of Limited Liability Company The enclosed Articles of Amendment and fec(s) are submitted for filing. Please return all correspondence concerning this matter to the following: MEJIA, RONY J	S LLC
Please return all correspondence concerning this matter to the following: MEJIA, RONY J	S LLC
MEJIA, RONY J	S LLC
	S LLC
Name of Person	S LLC
	S LLC
ROHA TITLE SERVICE	
Firm/Company	
945 MCINTOSH ST	
Address	
WEST PALM BEACH, F	T 33405
City/State and Zip Co	de
GLOBOTEN@YAHOO.	
E-mail address: (to be used for future and	ual report notification)
For further information concerning this matter, please call:	
RONY J MEJIA 561	6018094
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee	Certificate of Status &
Registration Section Regi Division of Corporations Divi P.O. Box 6327 The	t Address: stration Section sion of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810

Tallahassee, FL 32303

company has been notified in writing of this change.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

roha title ser	VIÇES LLC		
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears lability Company)	s on our records.)	 -
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	11/25/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company he	<u>re</u> :	
roha flooring service			
The new name must be distinguishable and contain the words "Limited Liabilities and contain the words "Limited Liabilities".	ity Company," the de	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			_
<u>, , , , , , , , , , , , , , , , , , , </u>			<u> </u>
			量分 4 0
Enter new mailing address, if applicable:			1-11-2
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our re	ecords, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:		_	
TABLE OF TABLE REGISTERS AND			
New Registered Office Address:	Enter Flor	rida strest address	
		, Florida_	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agraprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office	performance of provided for in (my duties, and 1 an Chapter 605, F.S. O	n jamiliar with and r, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	Name	<u>Address</u>	Type of Action
			□Add
			Remove
			Change
			□Add
			DRemove
			□Change □Add □Remove ≪
			□Remove Ø
			□ Change
			□Remove
			Change
			□Remove
			□ Change
			□Add
			□Reιπονε
			Change

					
					
			<u>-</u>	 	
					
	''				
<u></u>					
-					
ffective da	te, if other than the da	ste of filing:	<i>/</i> 2020	(optional)	
an effective d Note: If the	ate is listed, the date must be date inserted in this block	ific and cannot be proper	able statutory filing req	an 90 days after filing.) Pursus airements, this date will no	ent to 605.0207 (ot be listed as t
record speci d is filed.	fies a delayed effective d	ate, but not an effective t	ime, at 12:01 a.m. on th	e earlier of: (b) The 90th	day after the
N-A-3	12/16	2020			
Jateo		,	<u> </u>		
			···		
	Sig	gnature of a member or suth	orized representative of a	nemper	
		A 1			

Filing Fee: \$25.00