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COVER LETTER

Registration Section

TO:

Division of	Corporations		way a second			
SUBJECT:	ROCA USA E	NTERPRISES, LLC =	<u>in an ann an a</u>			
SCDS DC 1.		ted Liability Company				
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.				
Please return all corre	espondence concerning this matter	to the following:				
	MARIA DEI	_ ROSARIO PLATA-SERR	ANO			
		Name of Person				
		Firm/Company				
	133	1337 W 49TH PL, APT 216				
		Address				
		City/State and Zip Code				
1 'e"	E-mail address: (Ivatino@hotmail.com				
For further informati	on concerning this matter, please of	call:	•			
	DEL ROSARIO PLATA	at (_786)	368-8092			
Nat	me of Person	Area Code & Daytin	ne Telephone Number			
Enclosed is a check f	or the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	AILING ADDRESS: gistration Section	STREET/COUR Registration Secti				
P.Q	vision of Corporations D. Box 6327 Ilahassee, FL 32314	Division of Corpo Clifton Building 2661 Executive C	The state of the s			

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROCA USA ENTE	<u>RPRISES, L</u>	<u>.LC</u>	
(Name of the Limited Liability Company (A Florida Limited Lia	y <u>as it now appeau</u> ability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company v Florida document numberL0400013614	were filed on	02/19/2004	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company her	<u>re</u> :	•
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Compa	nny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		our records, <u>enter t</u>	ne name of the new
Name of New Registered Agent:			7 8
New Registered Office Address:	En	ster Florida street addi	DEC 16 A
	City	,	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			# 52 PATE ORID/

If Changing Registered Agent, Signature of New 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 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 **Type of Action** <u>Title</u> Address <u>Name</u> **MGRM** LAURA P. JARAMILLO 16412 SAPPHIRE BEND ✓ Add WESTON, FL 33331 Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member MARIA DEL ROSARIO PLATA SERRANO Typed or printed name of signee

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Filing Fee: \$25.00