## L04000050713

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**EXAMINER** 



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SECRETARY OF STATE . BIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Registration Division of C	C TASK 12		
SUBJECT:	ROVI PROPERTY	MANAGEMENT I, L.L.	c %
		ited Liability Company	3
The enclosed Articles	of Amendment and fee(s) are sui	bmitted for filing.	
Please return all corres	spondence concerning this matte	r to the following:	
	D	AVID L. RODRIGUEZ	
		Name of Person	
	Rovi	PROPERTIES, LL	c
		Firm/Company	<del></del>
	200 SOUTH	I BISCAYNE BLVD, SUITE 2	2790
		Address	<u> </u>
		MIAMI, FL 33131	
		City/State and Zip Code	**************************************
	david.ro E-mail address: (	driguez@roviproperties.com to be used for future annual report notific	ation)
For further information	concerning this matter, please of	eall:	
DAVID L. RODRIGUEZ		at (_305 ) 9	38-0508
Name	e 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)	S60.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROVI PROPERTY MANAGEMENT I, L.L.C



( <u>Name of the Limited</u> (A	Liability Compa Florida Limited I	ny as it now appear Liability Company)	s on our records.)		
The Articles of Organization for this Limited L Florida document number L04000056	, , ,	were filed on	07/07/2004	and assigned	
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited liab	oility company her	<u>e</u> :		
The new name must be distinguishable and end wi "L.L.C."	th the words "Lim	ited Liability Compa	ny," the designation "l	LC" or the abbreviation	
Enter new principal offices address, if applic	200 SOUTH BISCAYNE BLVD, SUITE 2790				
(Principal office address MUST BE A STREET ADDRESS)		MIAMI, FL 33131			
Enter new mailing address, if applicable:	200 SOUTH BISCAYNE BLVD, SUITE 2790				
(Mailing address MAY BE A POST OFFICE	MIAMI, FL 33131				
B. If amending the registered agent and/or the new registered of	fice address her	<u>e</u> :	ur records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:	<del></del>	DAVID L. RODRIGUEZ			
New Registered Office Address:	200 SOUTH		VD, SUITE 2790	-	
		Enter Florida street addi		ress	
		MIAMI	, Florida	33131	
		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 pereby 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DAVID L. RODRIGUEZ	200 SOUTH BISCAYNE BLVD SUITE 2790 MIAMI, FL 33131	Add Remove
MGR_	LUIS RODRIGUEZ	200 SOUTH BISCAYNE BLVD SUITE 2790 MIAMI, FL 33131	✓ Add ☐ Remove
MGRM	LUIS RODRIGUEZ	7778 FRIENSHIP LN NAPLES EL 34120	Add Remove
<del> </del>			Add Remove
<del></del>			Add Remove
·····			Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	<del>_</del>
_			_ _
			<del>-</del>
Dated	Septenber 9. 20 Signature of a member	or or authorized representative of a member	
	DA\	/ID L. RODRIGUEZ	
	Турес	or printed name of signee	

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Filing Fee: \$25.00