

L040000650719

(Requestor's Name)

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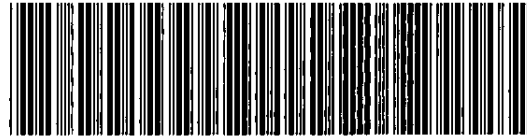
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EXAMINER



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DIVISION OF CORPORATIONS
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROVI PROPERTY MANAGEMENT II, L.L.C.
Name of Limited Liability Company

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The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID L. RODRIGUEZ

Name of Person

ROVI PROPERTIES, LLC

Firm/Company

200 SOUTH BISCAYNE BLVD, SUITE 2790

Address

MIAMI, FL 33131

City/State and Zip Code

david.rodriquez@roviproperties.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID L. RODRIGUEZ

Name of Person

at (**305**)

938-0508

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ROVI PROPERTY MANAGEMENT II, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 07/07/2004 and assigned
Florida document number L04000050719.

This amendment is submitted to amend the following:

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

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: 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 BOX) MIAMI, FL 33131

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: DAVID L. RODRIGUEZ

New Registered Office Address: 200 SOUTH BISCAYNE BLVD, SUITE 2790

Enter Florida street address

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 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>
MGR	DAVID L. RODRIGUEZ	200 SOUTH BISCAYNE BLVD SUITE 2790 MIAMI, FL 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	LUIS RODRIGUEZ	200 SOUTH BISCAYNE BLVD SUITE 2790 MIAMI, FL 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MARIA T. RODRIGUEZ	7778 FRIENDSHIP LN NAPLES FL 34120	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated September 9, 2011.

Signature of a member or authorized representative of a member

DAVID L. RODRIGUEZ

Typed or printed name of signee