

L10000096574 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

B. BOSTICK

OCT 18 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Roller Biscayne, 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:

Madelayne Cordero

Name of Person

Amicorp Services, Ltd

Firm/Company

1001 Brickell Bay Drive, Suite 2306

Address

Miami, Florida 33131

City/State and Zip Code

m.cordero@amicorp.com

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

For further information concerning this matter, please call:

Madelayne Cordero

Name of Person

at (305) 4164730

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

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TALLAHASSEE, FL
REGISTRATION SECTION

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

Roller Biscayne, 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 09/15/2010 and assigned
Florida document number L10000096574

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:

900 Biscayne Blvd, Unit 5907, Miami, FL 33132

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

900 Biscayne Blvd, Unit 5907, Miami, FL, 33132

(Mailing address MAY BE A POST OFFICE BOX)

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:

Salvador Antonio Lairer Sotillo

New Registered Office Address:

900 Biscayne Blvd, Unit 5907

Enter Florida street address

Miami

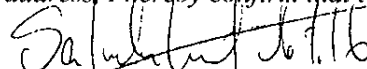
City

, Florida 33132

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

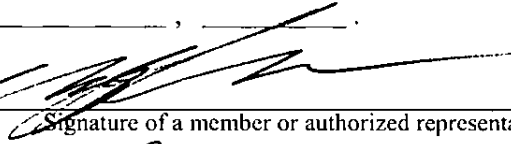
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Amicorp Fiduciary Services, LLC	1001 Brickell Bay Drive, Suite 2310, Miami, FL 33131	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGR	Salvador Antonio Lairer Sotillo	900 Biscayne Blvd, Unit 5907, Miami, FL, 33132	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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 MAIL ROOM
 1001 BRICKELL BAY DRIVE
 SUITE 2310
 MIAMI, FL 33131

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

Dated _____, _____.



Signature of a member or authorized representative of a member

Robert Payne

Typed or printed name of signee

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Filing Fee: \$25.00

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