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K. SALY EXAMINER

MAR 5 - 2013

COVER LETTER

TO: Registration Section
Division of Corporations

Rofra 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:

Matteo Soldatini

Name of Person

Rofra LLC

Firm/Company

1300 Pennsylvania apt 308

Address

Miami Beach Florida 33139

City/State and Zip Code

matsold@hotmail.com

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

For further information concerning this matter, please call:

Matteo Soldatini

,,,,786**3789252**

Name 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)

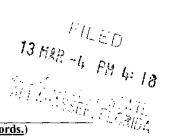
□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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



Rofra 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 07/18/2011	and assigned
Florida document number <u>L11000082005</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	1300 Pennsylvania Ave. a	apt 308
(Principal office address MUST BE A STREET ADDRESS)	Miami Beach, FL 33139	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	-	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
	, Florida	
	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 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>	Address	Type of Action
MGR	Matteo Soldatini	650 west ave	Add
		apt 1401	Remove
		Miami Beach, FL 3313	9
MGR	Gabriele Braha	1500 Bay Rd	Add
		apt 242	Remove
		Miami Beach, FL 3313	9
MGRM	Matteo Soldatini	650 west ave	Add
		apt 1401	Remove
		Miami Beach, FL 33139)
MGRM	Gabriele Braha	1500 Bay Rd	Add
		apt 242	Remove
		Miami Beach, FL 33139	
			Add
			Remove
			-
			Add
			Remove

. 11 ai	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated _	Signature of a member or authorized representative of a member MACO SUDATI WI Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00