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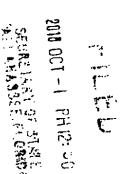
(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	33333 <u>-</u>
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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M. MILLIGAN OCT 0 3 2018



September 15, 2018

ROJACA INVESTMENTS, LLC ATTN: KATHLEEN J. CAFFREY 5124 WHITE INE CIRCLE NE ST PETERSBURG, FL 33703

SUBJECT: ROJACA INVESTMENTS, LLC

Ref. Number: L11000083037

We have received your document for ROJACA INVESTMENTS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 518A00019261

Michelle Milligan Senior Section Administrator

COVER LETTER

Division	n of Corporations	18107
SURIFCT:	Rojaca Investments Name of Limited Liability Company	2018 OCT - 1 MA 10:51
301 <i>k</i> /1.e1.	Name of Limited Liability Company	
		5.
The enclosed Art	ticles of Amendment and fee(s) are submitted for filing.	<u>n</u>
Please return all o	correspondence concerning this matter to the following:	
	Ron Caffley	
	Name of Person	
	Firm/Company	
	5007 Queen Palm Ter NE	
	St. Pete FC 33703 City/State and Zip Code	
	City/State and Zip Code (O) G Cainvest Ments & gmail. Com E-mail address: (to be used for future annual report notification)	
For further inform	mation concerning this matter, please call:	
RON	Caffily Name of Person at (813) 785. 4952 Area Code Daytime Telephone Number	
	Name of Person Area Code Daytime Telephone Number	
•	eck for the following amount:	
S25.00 Filing		f Status & Py

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

ARTI	CLES OF O	, Rganizatio	n .	يع.
ANTI			\$9.	
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: St. Pett. Florida Tel NE 33703				
(Name of the Limited	Liability Compan Florida Limited Li	y as it now appears on ability Company)	our records.)	
Name of the Limited Liability Company as it now appears on our records. (A Horida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 7/19/2054 and assigned Florida document number 1000023037 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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: New Registered Office Address: 5007 Que Palm Tel ME				
This amendment is submitted to amend the follow	ving;			
Name of the Limited Liability Company as it now appears on our records. Articles of Organization for this Limited Liability Company were filed on 7/19/2024 and assigned da document number 10000 830 37 amendment is submitted to amend the following: f amending name, enter the new name of the limited liability company here: ew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" are new principal offices address, if applicable: recipal office address MUST BE A STREET ADDRESS) If amending the registered agent and/or registered office address on our records, enter the name of the new stered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Caff y J Caff y J				
Rojuca Investments (Name of the Limited Liability Company as it now appears on our records.) (Articles of Organization for this Limited Liability Company were filed on				
Enter new principal offices address, if applical	ble:			
(Principal office uddress MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>0x)</u>			
3 0	•		r records, enter	the name of the new
	\circ	11 T /	C.C.L.	17
Name of New Registered Agent:	KONGI	10)	arrey	<u></u>
New Registered Office Address:	5007 (acen Palm	n Ter 1	IE
-	St.	Enter Florida s PCF	treet address , Florida	33703
		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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Type of Action Title Name Rowld J. Caffry I Sour aren Polm Ter NE MAdd

ST Pete FL 33703 Remo __ Change AMBR Kathleen Cuffrey 5124 While Pine Cir add

NE ST Pete FL Remove 23703 _□ Change _□ Add □ Remove ☐ Change ☐ Remove _□ Change _□ Add □ Remove □ Change ☐ Add □ Remove □ Change

	ng any other information, enter change(s) here: (Attach additional sheets, if necess	• /	
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an effectivion ocument	date, if other than the date of filing:	ing.) Pursuant to 60: ate will not be list	ed as
	th day after the record is filed.		
_	9/27/18		
ated			
	12/18	<u>**</u>	
	Signature of a member or authorized representative of a member	-	•
	Konald y Caffron II	The Control of the Co	
	Typed or printed name of signee		¥
		発送を	(
	Page 3 of 3	35 13	

Filing Fee: \$25.00