

LI000128883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

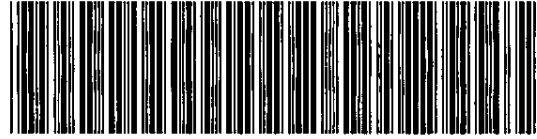
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALAMHASSER, FLORIDA
SECRETARY OF STATE

APR 07 2014
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROVECYMALELU INVESTMENT 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:

MANUEL CARBONE

Name of Person

ROVECYMALELU INVESTMENT LLC

Firm/Company

5481 WILES RD SUITE 505,

Address

COCONUT CREEK FL 33073

City/State and Zip Code

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

For further information concerning this matter, please call:

MANUEL CARBONE

Name of Person

954 323-4445

at

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

STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

ROVECYMALELU INVESTMENT 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 11/14/2011 and assigned Florida document number L11000128883

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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: LUIS LAPENNA

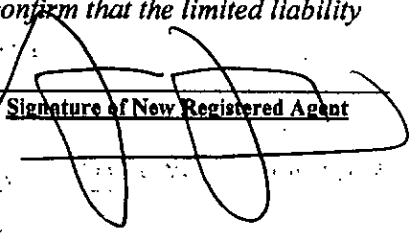
New Registered Office Address: 5481 WILES RD SUITE 505
Enter Florida street address

COCONUT CREEK, Florida 33073
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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>MANUEL CARBONE</u>	<u>5481 WILES RD SUITE 505</u>	<input type="checkbox"/> Add
		<u>COCONUT CREEK FL 33073</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>VIRGINIA HASPERUE DE CARNONE</u>	<u>5481 WILES RD SUITE 505</u>	<input type="checkbox"/> Add
		<u>COCONUT CREEK FL 33073</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>LUIS LAPENNA</u>	<u>5481 WILES RD SUITE 505</u>	<input checked="" type="checkbox"/> Add
		<u>COCONUT CREEK FL 33073</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>SARA A PERALTA</u>	<u>5481 WILES RD SUITE 505</u>	<input checked="" type="checkbox"/> Add
		<u>COCONUT CREEK FL 33073</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

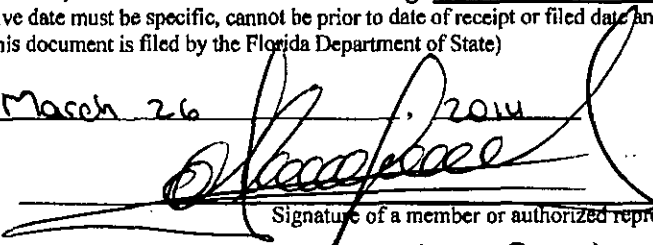
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 26, 2014



Signature of a member or authorized representative of a member

Manuel Carbone

Typed or printed name of signee

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Filing Fee: \$25.00 ...

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CLERK OF STATE
TALLAHASSEE FLORIDA

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