L12000012594

(Requ	uestor's Name)	
(Addı	ress)	
(Addi	ress)	
(City/	State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	es of Status
Special Instructions to Fi	lling Officer:	
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12 MAY 25 PH 12: 89

N. Cuttogen MAY & 3 71101

COVER LETTER

	Division of Co	rporations			
£ 17 .	St	ROBILLA LL			
		Name of Limit	ed Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
	Please return all correspondence concerning this matter to the following:				
	FAB10 ARTIOCI Name of Person				
		•	Name of Person		
ROBILLA LLC					
Firm/Company					
1553 MERIDIAN AVE X 104 Address					
Address					
MIAMI BEACH - FL - 33138 City/State and Zip Code FAB10 ARTIOLI & YAHOO. IT				9	
					
E-mail address: (to be used for future annual report notification)					
• ,					
	For further information of	oncoming this matter, please or			
	FAB10	ARTIOCI	at 305, 310 Z	426	
Name of Person Area Code & Daytime Telephone Number				elephone Number	
	Enclosed is a check for t	he following amount:			
•	\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

TO: Registration Section

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

FIL	ED	
12 MAY 25 SECKETADA	PH 12:	89

•		SEC. 14.00 PA 12: 89
ROBILLA	LLC	TALLAMARY OF STATE
(Name of the Limited Liability Compa (A Florida Limited I		ecords.
(A Florida Limited L	naointy Company)	la co
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000012954</u> .	were filed on $01/26$	and assigned
Florida document number 6120000 12954.	/ /	·
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company horo:	
A. It amending value, enter the new name of the minted hab	mty company nere.	
The new name must be distinguishable and end with the words "Limi	ted Liability Company," the de	esignation "LLC" or the abbreviation
"L.L.C."		220 07 1110 00010 111000
Enter new principal offices address, if applicable:	1553 MERIDIA	AN AV. #104
(Principal office address MUST BE A STREET ADDRESS)	MIAMI BEACH	AN AV. #109 - FL- 33139
1	,, po,,o	
Enter new mailing address, if applicable:	1553 HERIS	DIAN AVE. #104
(Mailing address MAY BE A POST OFFICE BOX)	MIANI BEACH	DIAN AVE. #109 -FL- 33139
MAURICE MAURICES MAIN BETA TOST OF THE BOW	Julia Dellas	
B. If amending the registered agent and/or registered of	fice address on our recor	ds, enter the name of the new
registered agent and/or the new registered office address her	<u>e</u> :	· -
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida	a street address
		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 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

- .	Name	Address	Type of Action
19RH	MALTEO SOCDATINI	650 WEST AV MIAMI BEACH - FL-331	Add
		punjar perion - 1 c- 557	Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	***************************************		Add
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessa	ry.)
			IFILLEROY 12 MAY 25 PH 12: SECRETARY OF STA
Dated	May 23, 20	12. Marie Solet	IZ: 89
	Signature of a memb	er or authorized representative of a member MUES COCOATIVI	
	Туре	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00