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COVER LETTER

SUBJECT:	RODOPAR	KBROTHERS LLC			
5000ECT.		ited Liability Company			
The enclosed Artic	les of Amendment and fee(s) are su	bmitted for filing.			
Please return all co	rrespondence concerning this matte	r to the following:			
		EDUARDO RUANO Name of Person			
		Name of Person			
		Firm/Company			
2875 NE 191 STREET, SUITE 801					
	Address				
	,	AVENTURA FL 33180			
		City/State and Zip Code		2012 JUL 31 SECRETARY ALLAHASSEE	
	ER@	SERBERLAWFIRM.COM		RY (
	E-mail address: (to be used for future annual report notifi	cation)		
For further informa	tion concerning this matter, please	call:		AM 10: 22 OF STATE S. FLORIDA	
E	DUARDO RUANO	at (305)	9326262		
N	ame of Person	Area Code & Daytime	Telephone Number	<u></u>	
.					
\$25.00 Filing Fo	ee \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	
O P	AILING ADDRESS: egistration Section bivision of Corporations O. Box 6327 allahassee, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32:	n ations nter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROD	OPARKBROTHERS LL	C	
(<u>Name of the Limited I</u> (A I	iability Company as it now appear Torida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Lia		6/1/2012	and assigned
Florida document number L120000735	<u> </u>		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of the	the limited liability company her	<u>·e</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	any," the designation	
Enter new principal offices address, if applica	ble:		2012 J
(Principal office address MUST BE A STREET	ADDRESS)		JUL 3
			Ma :
T			73
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE B	<u> </u>		D/n N
B. If amending the registered agent and/or		our records, <u>enter</u>	the name of the new
registered agent and/or the new registered offi	ice address here:		
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street a	ddress
	Di.		
	City	, Florida _	7in 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:

1

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> Address Type of Action **MGRM** Juan I. Pacifico Silva 2875 NE 191 Street, Suite 801 ☐ Add Aventura FL 33180 Remove □ Add Remove ☐ Add Remove Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Mr. Juan I. Pacifico Silva appears as a MGR but should appear as MGRM. July 27 2012 Dated _ Signature of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00