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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor	ction porations		
OUD IF OT.	ROJA	MAR LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		LINETTE GUERRA	
		Name of Person	
		Firm/Company	
	227	5 BISCAYNE BLVD STE I	
		Address	
		MIAMI, FL 33137	
		City/State and Zip Code	
		aplayamiami@yahoo.com to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	-	icanon,
LINETTE GUERRA		305 672-0 at () Area Code Daytime	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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:

TO:

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

	ROJAMA					
(Name of the Limit	ed Liability Compa (A Florida Limited	ny as it now appears Liability Company)	on our records.)			
he Articles of Organization for this Limited L lorida document numberL12000081738	iability Company	were filed on	06/18/2012	and assigned		
is amendment is submitted to amend the following	owing:					
If amending name, enter the new name o	f the limited liab	oility company her	<u>e</u> :			
/A						
e new name must be distinguishable and contain the v	ords "Limited Liabi	lity Company," the de-	signation "LLC" or th	e abbreviation "L.L.C."		
nter new principal offices address, if applic	N/A					
rincipal office address MUST BE A STREET ADDRESS)				ASE IS		
nter new mailing address, if applicable:		N/A		STO R IT		
ailing address MAY BE A POST OFFICE	BOX)			70 00		
				DRIE DRIE		
. If amending the registered agent and gistered agent and/or the new registered of	C)		our records, <u>en</u>	>		
Name of New Registered Agent:	N/A	· · · · · · · · · · · · · · · · · · ·				
New Registered Office Address:	N/A					
		Enter Florid	la 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	MARIANO MOURO	2275 BISCAYNE BLVD STE 1	Add
		MIAMI, FL 33137	Remove
			Change
MGRM	ROBERTO J. MOURO	2275 BISCAYNE BLVD STE 1	
		MIAMI, FL 33137	■ Remove
			Change
MGRM	VALKIRIA GROUP LTD	ABM CHAMBERS	■ Add
		P. O. BOX 2283	☐ Remove
		ROAD TOWN, TORTOLA, BVI	□ Change
		N/A	
			Remove
			Change
	 -	N/A	—————————————————————————————————————
			Remove
			Ghange Ghange
		N/A	S 7 Add 0 2:00 Add 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
			□ Remove
			Change

N/A									
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tive da	ate, if other than the date is listed, the date is	he date of	filing: _		1. 000		(option	al)	
: If the	date inserted in this	block does	not meet l	the applicat	le statutory	filing requir	ements, this d	ing.) Pursuant late will not b	io ous.u. se listed
nent's	effective date on the	Departmen	t of State'	s records.					
cord	specifies a delay n day after the re	ed effecti	ve date	, but not	an effectiv	ve time, a	t 12:01 a.i	m. on the	earlier
2 700	ruay arter the re	2010 IS 11	icu.						
1	July 20th			2015				TASE.	5
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	V 5.4	Signature	of a mem	er or authori	zed representa	ative of a mer	nber		- ب
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Filing Fee: \$25.00