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(Re	equestor's Name)		
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PICK-UP	MAIT	MAIL	
(Bu	ısiness Entity Nar	ne)	
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SECRETARY OF STAFE
DIVISION OF CORPORATIONS

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COVER LETTER

то:		istration Sec ision of Corp			
SUBJE	СΤ٠	ROHEMA	LLC		
NODJE			Name of Limi	ted Liability Company	
The enc	losed	Articles of /	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn	all correspor	ndence concerning this matter t	to the following:	
			GUSTAVO IRUSTA		
				Name of Person	
			AYRES US LLC		
				Firm/Company	
			1706 E SEMORAN BLVI	O STE #103	
				Address	
			APOPKA, FL 32703		
				City/State and Zip Code	
			gpirusta@hotmail.com		
				to be used for future annual repo	ort noutication)
For turn	ther is	iformation co	oncerning this matter, please co	ill:	
GUST.	AVO	IRUSTA		786 241-1	
	*	Name of	l'Person	Area Code	Daytime Telephone Number
Enclose	ed is :	s check for th	ne following amount:		
\$25	5.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			ING ADDRESS:	STREET/C Registration	OURIER ADDRESS: Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROHEMA LLC				
(Name of the Limit	ed Liability Compa (A Florida Limited)	iny as it now appears (Liability Company)	in our records.)	
The Articles of Organization for this Limited L. Plorida document number L12000107514	iability Company	were filed on 08/2	1/2012	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, <u>enter the new name o</u>	f the limited liab	oility company here	i:	
he new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the desi	gnation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:		1706 E SEMORA	AN BLVD	
(Principal office address MUST BE A STREET ADDRESS)		STE #103		
		APOPKA, FL 32	703	8 √SE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				RETARY OF STA
3. If amending the registered agent and/ egistered agent and/or the new registered of			our records, enter t	he name of the
Name of New Registered Agent:	ACCOUNTING CENTER OF ORLANDO, LLC			
New Registered Office Address:	1706 E SEMO	DRAN BLVD STE #	103	
		Enter Florid	a street address	
	APPOKA		, Florida ³²⁷⁰	03
		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>	Address	Type of Action
MGR	Team Real State Management L	4000 Hollywood Blvd Ste 140-N	Add
_		Hollywood FL 33021	≅ Remove
			Change
MGR	AYRES US, LLC	1706 E Semoran Blvd Ste#103	= Add
		APOPKA, FL 32703	Remove
			Change
			Add
			☐ Remove
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Iffective date, if other than an effective date is listed, the date inserted in the locument's effective date on the locument's effective date.	is block does not m	eet the applicable st	of filing or more that atutory filing requ	(optional) n 90 days after filing, irements, this date) Pursuant to	- 605.0207 (listed as t
e record specifies a dela The 90th day after the	ayed effective da record is filed.	ate, but not an	effective time,	at 12:01 a.m.	on the ea	rlier of:
Pated July		\mathcal{A}	e. Custa	>		
		rember or authorized				
	\sim	Staus Ta		, c+		

Page 3 of 3

Filing Fee: \$25.00