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COVER LETTER

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TO: Registration Se Division of Cor			
SUBJECT: ROBI	ER LLC		
JUNE 1.	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:	
	SANTIAGO	JOSE SILVA	
		Name of Person	
		Firm/Company	
	10692 TAM	IS TRAIL	
		Address	
	LAKE WOR	TH, FLORIDA 33	3449
	silvasantiagojose	City/State and Zip Code	
		to be used for future annual report notific	cation)
For further information co	oncerning this matter, please co	all:	
Santiago Jo	se Sllva	_{at} , 561, 23477	71
Name of	(Person		Telephone Number
Enclosed is a check for th	ic 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

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

ROBER LLC	
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 11/16/2012 and assigned
Florida document number L12000145069	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
	भिन् ए
The new name must be distinguishable and end with the words "Limited Liab	
Enter new principal offices address, if applicable:	10692 TAMIS TRAIL, LAKE WORTH, FE 33449
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10692 TAMIS TRAIL, LAKE WORTH, FL 33449
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Mice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida 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

Page 1 of 3

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:

Title Address Type of Action Name MGR. SANTIAGO JOSE SILVA 10692 TAMIS TRAIL, LAKE WORTH, FL 33449 □ Remove AMBR. JORGE DANIEL PRESSACCO 10692 TAMIS TRAIL, LAKE WORTH, FL 33449 D Add ■ Remove **AMBR** VANESA NOELIA GARCIA 10692 TAMIS TRAIL, LAKE WORTH, FL 33449 Remove 🚆 rii (a :<u>ग</u> **AMBR** PRESSACCO EDUARDO RUBEN 10692 TAMIS TRAIL, LAKE WORTH, FL 33449 □ Add Remove ☐ Add ☐ Remove □ Add □ Remove

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Page 2 of 3

MGR = Manager

AMBR = Authorized Member

If amending any other information, cuter change(s) here: (Attach additional sheets, if necessary.)			
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. 11 2014			
Signature of a member or authorized representative of a member Total Signature of a member or authorized representative of a member Typed or printed name of signee	E SECTION OF THE SECT	14 HA	+ 54
	HASSEE, FLORIE	Y-6 PM LIST	

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Filing Fee: \$25.00