

L12000145069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

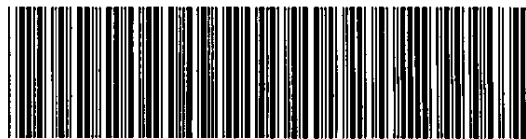
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TALLAHASSEE, FLORIDA

1. Bush MAY 13 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROBER LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANTIAGO JOSE SILVA

Name of Person

Firm/Company

10692 TAMIS TRAIL

Address

LAKE WORTH, FLORIDA 33449

City/State and Zip Code

silvasantiagojose@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Santiago Jose Silva

Name of Person

at **561** **2347771**

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

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:

MGR = Manager

AMBR = Authorized Member

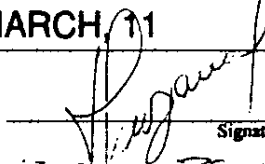
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR.	SANTIAGO JOSE SILVA	10692 TAMIS TRAIL, LAKE WORTH, FL 33449	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
AMBR.	JORGE DANIEL PRESSACCO	10692 TAMIS TRAIL, LAKE WORTH, FL 33449	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
AMBR	VANESA NOELIA GARCIA	10692 TAMIS TRAIL, LAKE WORTH, FL 33449	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
AMBR	PRESSACCO EDUARDO RUBEN	10692 TAMIS TRAIL, LAKE WORTH, FL 33449	<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

14 MAY -6 PM 1:50
 SEVENTH JUDICIAL CIRCUIT
 STATE OF FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. 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

Jack Pressacco

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00