

112000148205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

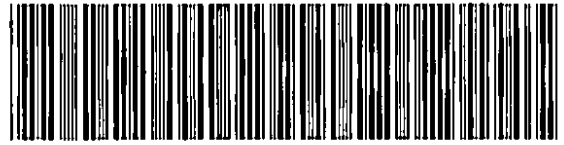
Certified Copies _____

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NOV - 4 2022

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FILED
2022 NOV - 3 AM 10:05 - 3 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: \$25.00

AUTHORIZATION SIGNATURE: *Jane Smith*

Rojel LLC L12000148205
BUSINESS (Name) Document #

☐ Walk in ☐ Pick up time ☐

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certified Copy of Organization (please stamp each page)

☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other
☐ CORP

AMMENDMENTS

☒ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger
☐ Conversion
☐ AFFIDAVID BY FOREIGN CORP.

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

☐ APOSTIL() ☐
Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Statement of Partnership
☐ Reinstatement
☐ Other

EXAMINER'S INITIALS: _____

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
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Rojel LLC

BUSINESS (Name)

L12000148205

Document #

James L. L...

___ Walk in

___ Pick up time ___

___ Mail out

___ Will wait

___ Photocopy

___ **Certified Copy of Organization (please stamp each page)**

___ **Certificate of Status**

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___ **Conversion**

___ **AFFIDAVID BY FOREIGN CORP.**

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___ APOSTIL() ___

Country

REGISTRATION/QUALIFICATIONS

___ Foreign filing

___ Statement of Partnership

___ Reinstatement

___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROJEL 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:

Romy Gafry

Name of Person

Firm/Company

8316 HUNTSMAN PL

Address

Boca Raton FL 33433

City/State and Zip Code

office@hmerent.com

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

For further information concerning this matter, please call:

Name of Person

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

ROJEL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF
STATE
TALLAHASSEE

2022 NOV -3 AM 10:06

FILED

The Articles of Organization for this Limited Liability Company were filed on 11/27/2012

Florida document number 112000148205

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Romy Gafry

New Registered Office Address:

8316 Huntsman Place

Enter Florida street address

Boca Raton

Florida

33433

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 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 attending 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>	<u>Type of Action</u>
AR	BAR-CHAIM, HADAR		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) the effective date of the filing must meet the applicable statutory filing requirements, this date will not be listed as the effective date of the filing.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 11/02. 2022

[Signature]

Signature of a member or authorized representative of a member

RUNY GAFRY

Typed or printed name of signee