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## **COVER LETTER**

SUBJECT:	ROHENA REA	ALTY GROUP, LLC	
-	Name of Limit	ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
		JOSE ROHENA JR.	
		Name of Person	
	ROHI	ENA REALTY GROUP,	LLC
		Firm/Company	
	120	BROADWAY, SUITE# 2	205
		Address	
	KISS	SIMMEE, FLORIDA 347	741
		City/State and Zip Code	
_		ohenarealtygrp@gmail.co o be used for future annual n	
			eport notifications
For further information conc	erning this matter, please cal	II:	
Jose Roher	na Jr.	407 at ( )	539-4498
Name of Pe	rson	Area Code	Daytime Telephone Number
Enclosed is a check for the fo	ollowing amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &

TO:

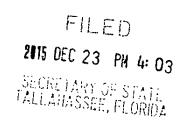
Registration Section Division of Corporations

> 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ROHENA RI ( <u>Name of the Limited Liabilit</u> (A Florida	EALTY GROUP, LLC  Y Company as it now appears Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Conference		December 14, 2012	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the de	signation "LLC" or the al	hreviation "L.L.C."
Enter new principal offices address, if applicable:	120 Broadway, S	Suite# 205, Kissimmee,	Florida 34741
(Principal office address MUST BE A STREET ADDR	ESS)		
Enter new mailing address, if applicable:	120 Broadway, S	uite#205, Kissimmee,	Florida 34741
(Mailing address MAY BE A POST OFFICE BOX)			d d <del></del>
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ress here:	our records, <u>enter</u>	the name of the ne
Name of New Registered Agent:	114 mm		
New Registered Office Address:	120 Broadway	r, Suite# 205 da street address	10-2
	Kissimmee	, Florida	34741
	City	, riorida	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	Jose Rohena Jr.	120 Broadway, Suite#205,	
		Kissimmee, Florida 34741	☐ Remove
		****	<b>■</b> Change
			□ Add
			☐ Remove
			Change
			☐ Remove
			Change
			☐ Remove
			☐ Change
			Add
			□ Remove
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			☐ Change

. It amend	mig any other mormand	n, enter change(s) here: (Attach additional sheets, if ne	
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(If an effective Note: If t	date, if other than the day date is listed, the date must be the date inserted in this block is effective date on the Department.	e specific and cannot be prior to date of filing or more than 90 days after does not meet the applicable statutory filing requirements, the	ter filing.) Pursuant to 605.0207 (3)(b)
	d specifies a delayed e Oth day after the record	ffective date, but not an effective time, at 12:01 is filed.	a.m. on the earlier of:
Dated	December 21,	, 2015	
		has Pola ont.	
	Si	nature of a member or authorized representative of a member	
		Jose Rohena Jr.	
		Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00