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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

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# CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## **WALK IN**

PICK UP: BROOK 12/7

	CERTIFIED COPY		
X	РНОТОСОРУ		
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XX	FILING	LLC AMEND	
I.	ROKO, LLC		· ·
	CORPORATE NAME AND DO	CUMENT #)	
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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IROKO, LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 2/7/2013	and assigned
Torida document number		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u>(S)</u>	
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
		O
<ol> <li>If amending the registered agent and/or registered of gent and/or the new registered office address here:</li> </ol>	fice address on our records, enter the	e name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
		····
New Registered Office Address:	Enter Florida street address	<u> </u>
	omer r tortaa street aadress	
	Florid	da
	CHT.	/ ID E (M)

#### 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 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>	Name	Address	Type of Action
AMBR	Alessandro Zara	P.O Box 191095	□ Add
		Miami Beach, FL 33119	□Remove
			≣Change
			□Add
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ote: 11 the date 1	other than the listed, the date mu- inserted in this bl- ive date on the D	ock does not n	neet the applic	able statutory	or more than 90 d filing requireme	_(optional) ays after filing.)   nts, this date w	Pursuant to 605 rill not be list
ecord specifies a is filed.	i delayed effectiv	e date, but not	an effective t	me, at 12:01 a	.m. on the earlie	er of: (b) The	90th day afte
ted12/07	7/2023	,	2023	<u> </u>			
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		Thus obse	Ayr.		ative of a member		

Filing Fee: \$25.00