

L13000042344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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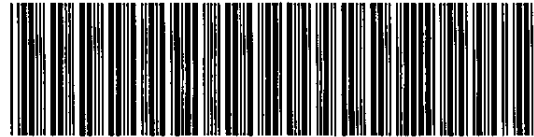
(Business Entity Name)

(Document Number)

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16 DEC -7 AM 10:07

DIVISION OF REGISTRATION

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DEC 12 2016

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Galarza's Solution Service 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:

Jesus Galarza

\_\_\_\_\_  
Name of Person

Galarza's Solution Service LLC

\_\_\_\_\_  
Firm/Company

8717 Liberty Place

\_\_\_\_\_  
Address

Tampa, FL 33615

\_\_\_\_\_  
City/State and Zip Code

julissa.rodas@hotmail.com

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

For further information concerning this matter, please call:

Julissa Rodas

813 731-7980  
at ( )

\_\_\_\_\_  
Name of Person

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

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

Galarzas Solution Service LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09/23/2013 and assigned  
Florida document number L13000042344.

This amendment is submitted to amend the following:

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

RODAS Trust Investment LLC

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)**

8717 Liberty Place

Tampa FL. 33615

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

8717 Liberty Place

Tampa FL. 33615

**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:

Julissa Rodas

New Registered Office Address:

8717 Liberty Place

*Enter Florida street address*

Tampa

*City*

Florida 33615

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	Julissa Rodas	8717 Liberty Place	<input checked="" type="checkbox"/> Add
		Tampa FL. 33615	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jesus Galarza	8717 Liberty Place	<input checked="" type="checkbox"/> Add
		Tampa FL. 33615	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Julissa A. Reynel	8717 Liberty Place	<input checked="" type="checkbox"/> Add
		Tampa FL. 33615	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 DIVISION OF CORPORATIONS

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

16 DEC -7 AM 10:01  
DIVISION OF PROSECUTION

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E. Effective date, if other than the date of filing: 12/7/2016 (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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 12/02/2016, 2016.

Signature of a member or authorized representative of a member

Typed or printed name of signee