

L13000042344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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APR 07 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RODAS TRUST INVESTMENT 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:

JULISSA RODAS
Name of Person

RODAS TRUST INVESTMENT LLC
Firm/Company

8717 LIBERTY PLACE
Address

TAMPA FL 33615
City/State and Zip Code

jlspeynel@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julissa Rodas at (813) 731-7980
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

RODAS TRUST INVESTMENT 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 03/20/2013 and assigned
Florida document number 213000042344

This amendment is submitted to amend the following:

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

(SAME) RODAS TRUST INVESTMENT LLC

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

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)

SAME

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.

J Rodas

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


Title	Name	Address	Type of Action
MGR	JULISSA RODAS	8717 LIBERTY PLACE	<input checked="" type="checkbox"/> Add
		Tampa - FL 33615	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JESUS BALAIZA	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
AMBR	CRISTOBAL GONZALEZ	8717 LIBERTY PLACE	<input checked="" type="checkbox"/> Add
		Tampa - FL - 33615	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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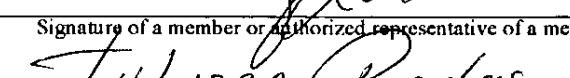
[illegible]

(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.

Dated 04/02/2017, 2017.



Signature of a member or authorized representative of a member



Typed or printed name of signee

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TALLAHASSEE, FLORIDA