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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	
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SECRETARY OF STATE A

COVER LETTER

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TO: Registration Sec Division of Corp			
SUBJECT: Rol	SAL O MAPIA Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	KENNETH	C. Nottorno Name of Person	13 API
Ì	TLC Ca	Firm/Company J LL	C PROPERTY OF THE PROPERTY OF
	10960	Longohore h	My West in it
	NAPLES	FL 34110 City/State and Zip Code	, ,
	KCN/KW	QQ Kol Com o be used for future annual report notificati	ion)
For further information co	oncerning this matter, please ca	•	,
KENNET Name of	M C. NOTTURKO	at (239) 784-4 Area Code & Daytime Te	
Enclosed is a check for th	e 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

- ROSAL C	DLYMPIA LLC	
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears of orida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab	ility Company were filed on Apr	-i 9 203 and assigned
Florida document number 11300051	· · · · · · · · · · · · · · · ·	THE STATE OF THE S
This amendment is submitted to amend the following	ing:	22 7
A. If amending name, enter the new name of th	e limited liability company here:	
		565 3
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company,"	' the designation "LLC" (abbreviation
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		· · ·
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter .	Florida street address
		, Florida
	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 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address** Type of Action 35 GORDON Street Add MGRM JACOB MIRAD MOD HASKARON, Remove ISRAEL 45000 MGRM JACOB MORNO 35 GORDON STREET XADD HOD HASHARON, Remove ISRAEL 45000 Remove

D., If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	This Amendment is filed solely to correct
_	the spelling of the MANAGING MEMBER'S
-	Name.
_	
_	
Dated	April 17, 2013.
	$m_{i} = m_{i} = m_{i}$
	Signature of a member of authorized representative of a member
	Typed or printed name of Signee
	Page 3 of 3 Page 3 of 3 Authorized Representative
	Filing Fee: \$25.00