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(City/State/Zip/Phone #)

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R 11

11:18 AM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Debra P. Rochlin, 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:

Robert J. Slotkin

Name of Person

Robert J. Slotkin, PA

Firm/Company

633 S. Andrews Avenue #201

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

robslotkin@aol.com

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

For further information concerning this matter, please call:

Robert Slotkin

954

5646999

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**

DEBRA P. ROCHLIN, LLC

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

FILED
2019 MAR 18 AM 10:47

The Articles of Organization for this Limited Liability Company were filed on June 3, 2013 and assigned
Florida document number L13000091359

This amendment is submitted to amend the following:

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

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:

106 S.E. 9th Street

(Principal office address MUST BE A STREET ADDRESS)

Fort Lauderdale, FL 33316

Enter new mailing address, if applicable:

106 S.E. 9th Street

(Mailing address MAY BE A POST OFFICE BOX)

Fort Lauderdale, FL 33316

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:

Paul G. Finizio

New Registered Office Address:

106 S.E. 9th Street

Enter Florida street address

Fort Lauderdale

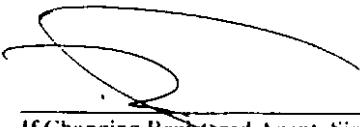
City

Florida 33316

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	Paul G. Finizio	106 S.E. 9th Street	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33316	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Debra P. Rochlin	2008 Coral Gardens Dr.	<input type="checkbox"/> Add
		Wilton Manors, Florida 33306	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	Fabiana Meyers	900 South Andrews Av	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33316	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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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 Aug 10 18


Signature of a member or authorized representative of a member

Debra P. Roehlin
Typed or printed name of signee