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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ROJ ASSOCIATES	ted Liability Company
The enclosed Articles of Amendment and fee(s) are subm	·
Please return all correspondence concerning this matter to	o the following:
To	M.HOGAN Name of Person
ROJ	ASSOCIATES Firm/Company
1016 COLLI	ER CENTER STE 100
NAPLES, F	City/State and Zip Code
<u>Swacpa</u>	@ Convast net
E-mail address: राज	be used for future annual report notification)
For further information concerning this matter, please cal	ł:
Steve Anderson Name of Person	at (331) 472-3235 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\sum \text{Certificate of Status}\$	☐ \$55.00 Filing Fee & ☐ \$60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

- ROJ ASSOCIATES LLC
(Name of the Limited Liability Company as it pow appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company of 1
Florida document number 113000 15619 and assigned
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:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
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: RONALO SANTELLA
New Registered Office Address: 1016 Collier Center Way Ste-106
NAPLES Florida 34110
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.

Changing Registered Agent, Signature of New Registered Agent

If afnending 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			OAdd
			□Change
			□Remove
			☐ Change
			□Remove
			□Change
			□Remove
			□Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: 1	ve date; if other than the date of filing: ctive 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 filed the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the other control of the Department of State's records.
the record cord is file	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 d.
Dated _	JUNE 28 , 2023
	Signature of a member or authorized representative of a member
	RONALD A SANTEUA Typed or printed name of signee

Filing Fee: \$25.00