L13000137468

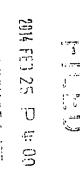
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B. BOSTICK
FEB **2 %** 2014
EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Rame of Limited Liability Company
· · · ·
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Name of Person
Pa-facey Company
300 S. Miami A.a. Address
Miami FL 33129 City/State and Zip Code
(E-mail address: (to be used for figure annual report notification)
For further information concerning this matter, please call:
Name of Person at (306) 338 -2 II-18 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \frac{1}{30.00}\$ Certificate of Status \$\Bigcup \frac{1}{30.00}\$ 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

Roban LLC	· 	
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L13</u> 000137468.	were filed on $9/31/13$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3001 S. Miami Au	Lus
(Principal office address MUST BE A STREET ADDRESS)	Miami, A. 39129	L
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ter the name of the nev
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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
1 <u>46R</u>	Andrew Leane	13761 51N 84th Court Miami, FL 33158	DAdd
		Miami, FL 33158	□ Remove
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(The effe	ve date, if other than the date of filing: ctive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
	the state of the same
Dated	to brusary, 2019.
	Signature of a member or authorized representative of a member
	Che Haron
	Che Haron
	Che Haron
	Che Haron

Page 3 of 3

Filing Fee: \$25.00

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