# L14000064789

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	ocument Number)			
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04/28/14--01022--015 \*\*25.00



J. Shivers MAY 0 5 2014

## **COVER LETTER**

	ivision of Corpo				
SUBJECT	ROCHA & F	RROCHA & ROCHA ENT	ERPRISE LLC OCHA	A ENTERPRISE	LLC
SOBJECT	•	Name of Limit	ed Liability Company		
The enclos	ed Articles of An	nendment and fec(s) are subn	nitted for filing.		
Please retu	rn all correspond	ence concerning this matter t	o the following:		
		CRISTINA F	RIVERA		
			Name of Person		
		SAFETY BU	JSINESS LI	LC	
			Firm/Company	*	<del></del>
		6220 S ORANG	GE BLOSSOM	TRL STE	600
			Address		<del></del>
		ORLANDO,		1 1 4 5 1 5 6	
	•	CRISTINA@SAF	City/State and Zip Code	••	
		_	be used for future annual re	eport notification)	
For further	information con	cerning this matter, please ca	H:		
CRIS	STINA F	RIVERA	at (407, 88	38-4747	
	Name of Pe	erson	Area Code	Daytime Telephon	<del></del>
Enclosed i	s a check for the t	following amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed)	660.00 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

### **ROCHA & ROCHA ENTERPRISE 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 04/21/2014 and assigned
Florida document number L14000064789
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
ROCHA & ROCHA REAL ESTATE LLC
The new name must be distinguishable and end with 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:
Acr -
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address TO TO
City , Florida , Zip Gode , Zip Gode
New Registered Agent's Signature, if changing Registered Agent:
I haveby accept the appointment as registered agent and agree to get in this congests. I further course to comply with the

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 Address **Type of Action Title** <u>Name</u> **FELIX LUIS RENTAS 5241 WELLINGTON PARK CIR** MGR CH<sub>1</sub> ☐ Remove ORLANDO, FL 32839-4587 □ Add ☐ Remove □ Add ☐ Remove

——————————————————————————————————————	er mormation, enter change(s) here.	(Attach additional sheets, if necessary.)
	1	
(The effective date must be	er than the date of filing: specific, cannot be prior to date of receipt or file filed by the Florida Department of State)	(optional) ed date and cannot be more than 90 days after
Dated APRIL 2	2 2014 www.	
	Signature of a member or author	ized representative of a member
ANTO	NIO DE HOLLANDA 🗗	ROCHA
	Typed or printed	

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLOSIOA