

214 000 116 954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

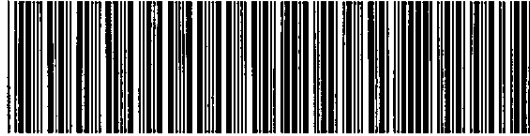
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers DEC 12 2014

423



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 3, 2014

PEDRO LOPEZ  
1135 FAIRFAX LANE  
WESTON, FL 33326

SUBJECT: ROGAMO LLC  
Ref. Number: L14000116954

We have received your document for ROGAMO LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 114A00025386

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ROGAMO 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:

**PEDRO E LOPEZ**

\_\_\_\_\_  
Name of Person

**PEL-VALUES, LLC.**

\_\_\_\_\_  
Firm/Company

**1135 FAIRFAX LANE**

\_\_\_\_\_  
Address

**WESTON, FL 33326**

\_\_\_\_\_  
City/State and Zip Code

**pedroelopez@me.com**

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

For further information concerning this matter, please call:

**PEDRO E LOPEZ**

**305 726-7138**

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_)\_\_\_\_\_  
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**

ROGAMO 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 07/24/2014 and assigned  
Florida document number L14000116954.

This amendment is submitted to amend the following:

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

PEL-VALUES, 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)**

1135 FAIRFAX LANE

WESTON, FL 33326

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1135 FAIRFAX LANE

WESTON, FL 33326

**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:

PEDRO E LOPEZ

New Registered Office Address:

1135 FAIRFAX LN

Enter Florida street address

WESTON

City

Florida

33326

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**

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TALLAHASSEE, FLORIDA

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>	<u>Type of Action</u>
MGR	WILSON MORENO	1200 SAINT CHARLES PLACE	<input type="checkbox"/> Add
		SUITE 417	<input checked="" type="checkbox"/> Remove
		PEMBROKE PINES, FL 33026	
MGR	FREDDY A ROMERO	1200 SAINT CHARLES PLACE	<input type="checkbox"/> Add
		SUITE 417	<input checked="" type="checkbox"/> Remove
		PEMBROKE PINES, FL 33026	
MRG	PEDRO E LOPEZ	1135 FAIRFAX LANE	<input checked="" type="checkbox"/> Add
		WESTON, FL 33326	<input type="checkbox"/> Remove
MRG	MARIAESTHER ROJAS	1135 FAIRFAX LANE	<input checked="" type="checkbox"/> Add
		WESTON, FL 33326	<input type="checkbox"/> Remove
		WESTON, FL 33326	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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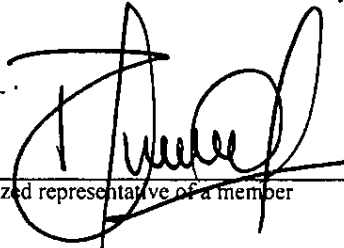
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated NOVEMBER 21, 2014



Signature of a member or authorized representative of a member

PEDRO E LOPEZ

Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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14 DEC - 8 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA