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### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Roka Developer 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:	
Name of Person  Roka Development UC  Firm/Company	
1680 Michigan Ave	
Miani Beach Fg. 33139.  City/State and Zip Code	
Gregorana mundo @ graw Com- E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Juan A. Bolivar a1, 312, 6598259	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25,00 Filing Fee Certificate of Status  □ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)  □ \$55,00 Filing Fee & 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

(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number	. 1 - 1 - 1
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 contain the words "Limited Liabile Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Hity Company," the designation "L.L.C."  1729 TEXAMON AUF,  MANY BEACH 6, 33139
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	1729 TERFERSON A.F., MiANI BOACH, FL, 33139
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address 2
	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 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
AP	Anahis Bolivar	1680 Michigan Ave	
		Miami Beach FL 33739	Remove
			Change
			Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
		·	Change
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If an effect Note: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.
Dated _	November 21. 2019
	\(\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00