

L1400076785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

NOV 24 2014

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RODZ Associates, 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:

VENUSLILI RODRIGUEZ

Name of Person

RODZ ASSOCIATES, LLC

Firm/Company

2007 SUNSET TERRACE DR

Address

ORLANDO, FL 32825

City/State and Zip Code

daniel7rodriguez@yahoo.com

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

For further information concerning this matter, please call:

VENUSLILI RODRIGUEZ

at (407) 823-9645

Name of Person

Area Code

Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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**

**RODZ ASSOCIATES, 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 11/7/2014 and assigned  
Florida document number L14000176785.

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 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:**

Name of New Registered Agent:

VENUSLILI RODRIGUEZ

New Registered Office Address:

2007 SUNSET TERRACE DR

Enter Florida street address

ORLANDO

City

Florida 32825

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.*

*Venuslili Rodriguez*  
**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>         | <u>Type of Action</u>                      |
|--------------|------------------|------------------------|--------------------------------------------|
| MGR          | DANIEL RODRIGUEZ | 2007 SUNSET TERRACE DR | <input type="checkbox"/> Add               |
|              |                  | ORLANDO, FL 32825      | <input checked="" type="checkbox"/> Remove |
|              |                  |                        |                                            |
|              |                  |                        | <input type="checkbox"/> Add               |
|              |                  |                        | <input type="checkbox"/> Remove            |
|              |                  |                        |                                            |
|              |                  |                        | <input type="checkbox"/> Add               |
|              |                  |                        | <input type="checkbox"/> Remove            |
|              |                  |                        | <input type="checkbox"/> Add               |
|              |                  |                        | <input type="checkbox"/> Remove            |
|              |                  |                        |                                            |
|              |                  |                        | <input type="checkbox"/> Add               |
|              |                  |                        | <input type="checkbox"/> Remove            |
|              |                  |                        |                                            |
|              |                  |                        | <input type="checkbox"/> Add               |
|              |                  |                        | <input type="checkbox"/> Remove            |

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TALLAHASSEE, FLORIDA

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

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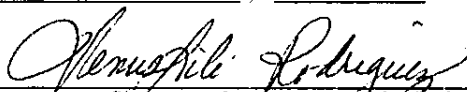
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 15, 2014



Signature of a member or authorized representative of a member

VENUSLILI RODRIGUEZ

Typed or printed name of signee

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Filing Fee: \$25.00

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