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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 10 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RODBEN PROPERTIES TWO, 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:

Romy B. Jurado

Name of Person

Jurado & Farshchian, P.L.

Firm/Company

12955 Biscayne Blvd. Suite 328

Address

North Miami, FL 33181

City/State and Zip Code

romy@jflawfirm.com

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

For further information concerning this matter, please call:

Romy B. Jurado

305 921-0440

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

RODBEN PROPERTIES TWO, LLC

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ALL AMASSET, FLORIDA
Zip Code

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>
			<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.)

Please change name of AMBR Carlos Rodriguez to

Carlos Rodriguez Aspirichaga

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

1-15-15

Signature of a member or authorized representative of a member

Romy B. Jurado, Esq.

Typed or printed name of signee

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Filing Fee: \$25.00

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