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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI	ROTER GI	OBAL SERVICE LLC		
SUBJI	CCI:	Name of Limi	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	endence concerning this matter	to the following:	
		JAVIER ROBERTI		
			Name of Person	
		ROTER GLOBAL SERVI	CE LLC	
			Firm/Company	
		165 NW 96th TERRACE E	BUILDING 3 APT 107	
			Address	
		PEMBROKE PINES, FL.	33024	
		9 742 9 ^{2 - 1} 	City/State and Zip Code	
		JAVIER.ROBERTIG@GM		
		E-mail address: (1	to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please ca	all:	
JAVIE	ER ROBERTI		786 6670351 at () Area Code Daytime	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
\$2.	5.00 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

FILED 2015 AUG -3 PM 4: 13

ROTER GLOBAL SERVICE 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 06/10/2015 and assignment of the Articles of Organization for this Limited Liability Company were filed on 06/10/2015		
Florida document number L15000101698		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	he abbreviation "L.L.C,"
Enter new principal offices address, if applicable:	165 NW 96th TERRACE	
(Principal office address MUST BE A STREET ADDRESS)	BUILDING 3 APT 107	
	PEMBROKE PINES, FL. 33024	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ter the name of the ne
	-	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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ffective date, if other than than effective date is listed, the date in ote: If the date inserted in this ocument's effective date on the	ust be specific and colock does not me	annot be prior to et the applicat	date of filing or me	ore than 90 days after	ional) er filing.) Pursuant to 6 is date will not be li	05.0207 sted as
e record specifies a delay The 90th day after the re		te, but not	an effective t	ime, at 12:01	a.m. on the ear	lier of
JULY 28	,	2015				
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Filing Fee: \$25.00