## 215000112663

(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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2015 NOV -4 PH 5: 59
SUCRETARY OF STATE

K.SALY EXAMINER NOV -5 2015

## **COVER LETTER**

	Registration Sco Division of Corp						
cubica	ROJTENBE	ERG, LLC					
SUBJEC	· I :	Name of Lim	ited Liability Company				
The encle	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please re	turn all correspo	ndence concerning this matter	to the following:				
		ANDREA FERREIRA					
		<del>.</del>	Name of Person				
		ASSURED ACCOUNTIN	G AND TAX SERVICES				
		-	Firm/Company				
		3501 NW 22ND TER STE	B-200				
		Address					
	POMPANO BEACH, FL 33069						
		City/State and Zip Code					
	•	bruno.rojtenberg@hotmail.com					
		E-mail address: ()	to be used for future annual report notifi-	cation)			
For furth	er information co	oncerning this matter, please ca	ıll:				
ANDRE.	A FERREIRA		954 793-0353 at ()				
	Name of	Person	Area Code Daytime	Telephone Number			
Enclosed	is a check for th	e following amount:					
\$25.0	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 NOV-4 PM 5:59

ROJTENBERG, LLC

(Name of the Limited Liability Company as it now appears on our records

(A F	Florida Limited L	Liability Company)	MASSEE FLORIDA
The Articles of Organization for this Limited Liabil	lity Company	were filed on <u>06/29/2015</u>	and assigned
Florida document number L15000112663	·		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liabi	ility company here:	
he new name must be distinguishable and contain the words	"Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	6572 N. STATE RD 7	
Principal office address MUST BE A STREET A		COCONUT CREEK, FL	33073
Enter new mailing address, if applicable:		6572 N. STATE RD 7	
Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>	COCONUT CREEK, FL	33073
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		<u>c</u> :	ords, enter the name of the
	572 N. STATE	- RD 7	
New Registered Office Address:		Enter Florida street a	ddress
	COCONUT CR	EEK	, Florida <sup>33073</sup>
-		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>	<u>Address</u>	Type of Action
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