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DocuSign Envelope ID: A114274F-B1B0-40D2-BCF9-9E7EB9CB9BA4 COVER LETTER TO: Registration Section **Division of Corporations** L ROGERS ENTERPRISES LLC SUBJECT: 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: LEE ROGERS Name of Person L ROGERS ENTERPRISES LLC Firm/Company 7205 CURRY FORD RD., SUITE #2 Address ORLANDO, FL 32822 City/State and Zip Code INFO@ROCKROSEREALTY.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LEE ROGERS Name of Person Daytime Telephone Number Area Code Enclosed is a check for the following amount: **№** \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L ROGERS ENTERPRISES LLC (Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our records.) ed Liability Company)		
The Articles of Organization for this Limited Liability Compa Florida document number L15000134839	any were filed on 08/07/2015	and assi	gned
This amendment is submitted to amend the following:	2920 APR	17717	
A. If amending name, enter the new name of the limited li	<u>iability company here</u> :	R-2	10707 1484 1484 1111
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the a	ibbreviation 2.1	.C
Enter new principal offices address, if applicable:	12153 GRAY BIRCH CIRCLE	Ϋ́	
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FLORIDA 32832	2	•
Enter new mailing address, if applicable:	12153 GRAY BIRCH CIRCLE		
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FLORIDA 32832		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 12153 GR.		ne of the new	register

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.

ORLANDO

((FAX))

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_, Florida 32832 Zip Code DocuSign Envelope ID: A114274F-B1B0-40D2-BCF9-9E7EB9CB9BA4
II amending Authorized rerson(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
MGR	SUSAN M BARNES	111E MONUMENT AVE UNIT 510	□Add
		KISSIMMEE, FL 34741	
			□ Change
Op Man	DAMARIS ROSA	7205CURRYFORDROAD#2	□Add
		ORLANDO, FL 32822	 ⊠ Remove
			□ Change
CEO	LEE ROGERS	12153 GRAY BIRCH CIRCLE	□Add
		ORLANDO, FLORIDA 32832	□ Remove
			& Change
			
			□ Remove
			[] Change
			□Add
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