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, ,
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ROBERTO ROJAS 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:
Roberto RojAS
Name of Person
Roberto KOTAS LLC
Firm/Company
13520 SW 152711 ST # 771544
Address
City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
KOBERTO KOTAS 3720816
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



2020 JTT 13 PH 2: 05

(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on comited Liability Company)	our records.)
Articles of Organization for this Limited Liability Conida document number <u>L1500019427</u>	npany were filed on//	19/15 and assigned
s amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	d liability company here:	
e new name must be distinguishable and contain the words "Limited	d Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRE	<u>SS)</u>	-
ter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered o ent and/or the new registered office address here:	office address on our record	is, enter the name of the new reg
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
		, Florida Zip Code

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>	Name	Address	Type of Action
<u>D</u>	Matalie Bonna	13909SW 28St, Www U.33	317:55 □Add
	V		Remove
			□Change
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			□Add
			□Remove
			□Change

Page 2 of 3

د ماند الم	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	FROM COMPANY. AMBR
	TEST COMPANY
	
_	
an effecti lote: If	e date, if other than the date of filing:
The 90	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
ated	01/07, 2020 (+ 5)
	Signature of a member or authorized representative of a member
	Dalor to RaTAS V

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Filing Fee: \$25.00