

216000107071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400306501504

12/11/17--01007--029 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 DEC 11 AM 10:03

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rogues Pinar, 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:

Marianne Canero

Name of Person

Rogues Pinar, LLC

Firm/Company

2650 Hilo La St. ~~10100 NW 11th Ave, Suite 1700~~

Address

Miami, FL 33133 ~~Miami, FL 33131~~

City/State and Zip Code

marianne@roguespinar.com

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

For further information concerning this matter, please call:

Marianne Canero

Name of Person

at 786 301-4433

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Rogues Pinar LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

17 DEC 11 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/2/11 and assigned
Florida document number L116000107071.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L L C"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

~~11025 BROADWAY~~ 2650 Hilola St.
~~MIAMI, FL 33133~~ Miami FL 33133
~~MIAMI, FL 33133~~

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

~~11025 BROADWAY~~ 2650 Hilola Street

New Registered Office Address:

~~11025 BROADWAY~~ ~~MIAMI, FL 33133~~

Enter Florida street address

~~MIAMI~~ Miami, Florida ~~33133~~ 33133
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>	<u>Type of Action</u>
MGR	Maleny Carrasco	1720 NW North River Dr. #300	<input type="checkbox"/> Add
		Miami, FL, 33125	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

17 DEC 11 AM 10:03

SECRETARY OF STATE
FALLAHASST, 110007

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Dated

November 30th / 2017

Signature of a member or authorized representative of a member

MARIANNE CANERO

Typed or printed name of signee