

L16000146372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

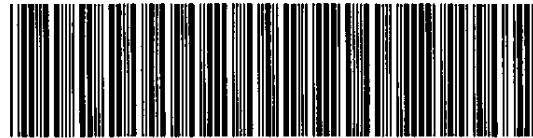
(Document Number)

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Special Instructions to Filing Officer:

Wrong form

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2017 JAN 17 P 12:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

S Warren

JAN 19 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 22, 2016

RODNEY WALTERS  
850 NW 144 STREET  
MIAMI, FL 33168

SUBJECT: RODDIS LLC  
Ref. Number: L16000146372

We have received your document for RODDIS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 816A00025100

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RODDIS 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:

Rodney Walters  
Name of Person  
RODDIS LLC  
Firm/Company  
850 NW 144 Street  
Address  
MIAMI FL 33168  
City/State and Zip Code  
rwalters@iss-florida.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIAN CHARLES at (561) 843-4278  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**RODDIS 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 8/4/2016 and assigned Florida document number 216000146372.

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)**

850 NW 144 St

MIAMI, FL 33168

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

850 NW 144 St

MIAMI, FL 33168

**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:

ROONEY WALTERS

New Registered Office Address:

850 NW 144 St,

Enter Florida street address

MIAMI

City

Florida

33168

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.*

Rooney Walters  
If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE FLORIDA

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>
<u>MGR</u>	<u>MARIA RODRIGUEZ</u>	<u>9020 SW 202 Terrace</u>	<input type="checkbox"/> Add
		<u>Cutler Bay, FL 33189</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>A P</u>	<u>JOHN MARTORANA</u>	<u>9020 SW 202 Terrace</u>	<input type="checkbox"/> Add
		<u>Cutler Bay, FL 33189</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>DIR</u>	<u>JULIAN CHARLES</u>	<u>9020 SW 202 Terrace</u>	<input type="checkbox"/> Add
		<u>Cutler Bay, FL 33189</u>	<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

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D. If amending any other information, enter change(s) here; (Attach additional sheets, if necessary.)

Blank lined area for amending information, crossed out with a diagonal line.

E. Effective date, if other than the date of filing: IMMEDIATE (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated

1/17/2017

Rodney Walters

Signature of a member or authorized representative of a member

RODNEY WALTERS

Typed or printed name of signee

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SECRETARY OF STATE  
TAMPA, FLORIDA