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(Red	questor's Name)	
(Ado	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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December 5, 2018

NATALIE ABADI 2000 ISLAND BLVD, UNIT #404 AVENTURA, FL 33160

SUBJECT: ROTHMAN LLC Ref. Number: L17000045600

We have received your document for ROTHMAN 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, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Letter Number: 918A00024992

Octavia L Simmons Regulatory Specialist III

www.sunbiz.org

COVER LETTER

TQ:	Registration S Division of Co			
SHRI	ECT:	Rothman, L	LC	
3(/0)	<u></u>	Name of Lim	ited Liability Company	
The e	nclosed Articles o	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all corresp	ondence concerning this matter	to the following:	
		<u>Nata</u>	lie Abadi Name of Person	
		Weinkle Abe	rgel van Grou	<u> </u>
		605 Lincoln	Road, Svite 25	0
		Miami Bea	Chystate and Zip Code	
			City/State and Zip Code WWI IWM TOWN. To be used for future annual report noti	COYY fication)
For fu	irther information	concerning this matter, please ca	all:	
	Natalie	Abadi	at (<u>305</u>) <u>761 – 4</u> Area Code Daytim	249
	Name	of Person	Area Code Daytim	e Telephone Number
Enclo	sed is a check for	the following amount:		
□ S	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, F1, 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

Rothman, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	19
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 1700045600</u>	were filed on	and assigned
This amendment is submitted to amend the following:		豆
A. If amending name, enter the new name of the limited liabil	lity company here:	V: 05
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2000 Island BIVO	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	Vnit #404 Aventura, FL 33	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2000 ISland Blu Unit #404 Aventura, FL 3	3160
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		er the name of the
Name of New Registered Agent: Weint	e Abergel Law 6 nioln Road, Sill	mp
New Registered Office Address: 405 U	nulu Road, SUI	e 250
MIMM	BEUM Florida	33139 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

Title	<u>Name</u>	Address	Type of Action
MGR	Naralie Abach	2000 Island BIVd	Mad
		unit #404	Remove
		Aventura, FL 33160	Change
			Add
			Remove
		 	Change
			O Add [1]
			Remove
			☐ Change
			Add
			□ Remove
		<u> </u>	Change
			□ Add
			Remove
			Change
			Add
			Remove
			☐ Change

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Filing Fee: \$25.00