## <u> 17000 116139</u>

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

ROAR I	HOLDING GROUP LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARI	USKA BRITO	
		Name of Person	<del></del>
	BRITO '	TAX AND ACCOUNTING CORP	
		Firm/Company	1
	8217 SV	V 147TH СТ	ſ
		Address	<del></del>
	MIAMI	F1. 33193	
		City/State and Zip Code	<del></del>
	F-mail address: (	to be used for future annual report notif	ication
For further information o	concerning this matter, please c	·	ication
MARIUSKA BRITO		786 354-7694	
Name o	of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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)
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COURT Registration Section Division of Corpora Clifton Building 2661 Executive Ce Tallahassee, FL 32	n   ations , nter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROAR HOLDING GROUP LLC

( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document numberL17000106139	ompany were filed on and assigned and assigned
This amendment is submitted to amend the following:	<del>-</del> '
A. If amending name, enter the new name of the limi	ted liability company here:
N/A	
he new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
Principal office address MUST BE A STREET ADDR	ESS) N/A
Enter new mailing address, if applicable:	N/A
Mailing address MAY BE A POST OFFICE BOX)	
Manny and Cost Mill De Mill Both Cost Cost	
3. If amending the registered agent and/or regist registered agent and/or the new registered office addr  Name of New Registered Agent:	ered office address on our records, enter the name of the ness here:
	N/A N/A
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Gode
Sew Registered Agent's Signature, if changing Registered	Agent:
rovisions of all statutes relative to the proper and co eccept the obligations of my position as registered ag	nd agree to act in this capacity. I further agree to comply with the implete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is doffice address, I hereby confirm that the limited liability

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>l itle</u>	Name	Address	Type of Action
MGRM	ROGELIO MARTINEZ GIMENEZ	2853 DENNIS CT KISSIMMEE FI	
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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90	(optional) days after filing,) Pursuant to 605.
te: If the date inserted in this block does not meet the applicable statutory filing requirer ument's effective date on the Department of State's records.	nents, this date will not be liste
and the state of t	
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Filing Fee: \$25.00