117000158061

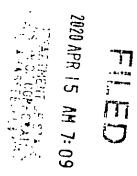
(Requestor's Name)
(Address)
(1.03.000)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special monutations to 1 ming Smooth

Office Use Only



600343143896

04/15/20--01009--006 **25.00



APR 2 8 2020 S. YOUNG

COVER LETTER

TO: Registration Sec Division of Corp			
ROTORDY			
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	KIRAN TORAM		
		Name of Person	
	ROTORDYN, LLC		
·		Firm/Company	
	15011 MEADOWLAKE S	STREET	
		Address	
	ODESSA, FLORIDA 335.	56	
		City/State and Zip Code	
	ktoram@gmail.com	to be used for future annual report no	
For further information co	rman address: (oncerning this matter, please c		оптелнов)
Kiran Toram		813 446-9961	
Name o	f Person		me Telephone Number
Enclosed is a check for the	ne 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 radditional copy is enclosed)
Mailing Addres		Street Address: Registration S	Section
Registration Section Division of Corporations		Division of C	
P.O. Box 632		The Centre of	
Tallahassee, l	htp://doi.org/10.1007/10.0007	2415 IN. MON	roe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ಜ್ಞ

ROTORDYN, LLC		23 70
(<u>Name of the Limited Liabit</u> (A Florid	lity Company as it now appears on our reco la Limited Liability Company)	rds.
The Articles of Organization for this Limited Liability C Florida document number 1.17000158061	Company were filed on <u>07/24/2017</u>	and assigned
This amendment is submitted to amend the following:		1,240 0
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD)		LC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	-	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ade	lress
		Florida
	Cuy	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 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>	Address	Type of Action
MGR	MARIA PEREZ	15011 MEADOWLAKE STREET 33556	
			□Remove
			□ Change
			□Remove
	,		□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
	<u> : </u>		□Add
			□Remove
			□ Change
			□Remove
			□Change

	NA
E 66	continually (antinually
(If an e Note:	tive date, if other than the date of filing:
the reco	ord 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 filed.
Dated	1 April 13, 2020 T Gran Clumon
	Cran Clumon
	Signature of a member or authorized representative of a member
	Kiran Toram
	Typed or printed name of signee