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Registration Section Division of Corporations

TO:

CURIECT	ROG	LOVI INVESTMENT LLC	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
		GLORIA PINTO	
		Name of Person	
	RO	GLOVI INVESTMENT LLC	
		Firm/Company	-
	97	20 STIRLING RD, STE 108	
		Address	
	C	COOPER CITY, FL 33024	
	<u> </u>	City/State and Zip Code	
		thaly.cuartas@taxcareinc.com	
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please co	all:	
GLORIA P	INTO	954 9034036 at ()	
Name	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	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 Addre Registration Division of 0 P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ROGLOVI INVESTMENT LLC

2020 #1:23 PH 4:29

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appear bility Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company w Florida document numberL17000180695	vere filed on	08/23/2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company he	e <u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liability	Company," the d	designation "LLC" or the abb	reviation "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)			
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our r	ecords, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rıda street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Cui		гар соше

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address 2929 At 25 PH 4: 29	Type of Action
AMBR	RONNY JAMRI	9720 STIRLING RD, STE 108	
		COOPER CITY, FL 33024	□Remove
			🗆 Change
			□Add
			□Remove
			Change
			🗆 Add
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			Remove
			□ Change

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Signature of a member of authorized representative of a member	9/01/0	1 Into	
Signature of a member of authorized representative of a member	Signature of #membe	er of authorized representative of a member	
GLORIA PINTO	GI	LORIA PINTO	