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Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRUCKING PERMITS AND MORE LLC

Account Number : I20140000047

Phone

: (813)774-4726

Fax Number

; (813)877-2186

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COVER LETTER

TO: Registration Section of Corp	tion orations		
	PRISES LLC		
SUBJECT:	Name of Limite	ed Linbility Company	
		in the second se	
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
	idence concerning this matter to		
	NEGRON, REINALDO		
		Name of Person	
	ROI ENTERPRISES LLC		
	Firm/Company		
	4809 BRISTOL BAY WY APT 104		
	***************************************	Address	
	TAMPA, FL 33619		
		City/State and Zip Code	
	E-mail address: (t	to be used for future aimual report noufe	cation)
For further information c	oncerning this matter, please ca	nii:	1
NEGRON, REINALDO		813 5(45712),	
Name o	f Person	Area Code Daytime	Eclephone Number
Enclosed is a check for the	he following amount:		
525.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is exclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is exclused

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURTER ADDRESS: Registration Section Division of Corporations Clifton Building 266: Executive Center Circle Tallalussee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROJ ENTERPRISES LLC		
Name of the Limited Clability (A Florida	y Company as it now appears on our record	<u>ds.</u>)
The Articles of Organization for this Limited Liability Co	ompany were filed on 12/05/2017	and assigned
Florida document number L17000250313	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
CROJJ ENTERPRISES LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRE	ESS)	78.S. C

		STA .
Enter new mailing address, if applicable:		חדיו פר יבייי
(Mailing address MAY BE A POST OFFICE BOX)		C. V.
		RA .
		6
B. If amending the registered agent and/or registered agent and/or the new registered office addresses	ered office address on our record	s. enter the name of the new
registered agent and/or the new registered office address	est nore:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	is .
	Crty.	orida
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent at provisions of alt statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, as ent as provided for in Chapter 605.	nd I am familiar with and F.S. Or, if this document is
	If Changing Registered Agent, Signature of	of New Registered Agent

Page 1 of 3

If amending or removed	g Authorized Person(s) authorized to a from our records:	manage, enter the title, name, and address o	f each person heing added
MGR = M AMBR = A	lannger Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	COLON NEGRON, CLARIBEL	4809 BRISTOL BAY WAY APT I	₩ Add
		TAMPA, FL 33619	□ Remove
		1	🗆 Change
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fective date, if other than the date of filing:	(optional)
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Change of the Control	representative of a member
Signature of a member of atthorized	
Signature of a member of antithorized NEGRON, REINALDO Typed or printed name	

Filing Fee: \$25.00

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January 10, 2018

FLORIDA DEPARTMENT OF STATE Division of Corporations

ROJ ENTERPRISES LLC 4809 BRISTOL BAY WAY APT 104 TAMPA, FL 33619

SUBJECT: ROJ ENTERPRISES LLC

REF: L17000250313

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Dionne M Pijeaux Regulatory Specialist FAX Aud. #: H18000011053 | Letter Number: 018A00000591

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