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COVER LETTER

TO: Registration Se Division of Cor			
ROAD AN' SUBJECT:			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	NEYSA M MORALES		
	-	Name of Person	
	ROAD ANTS LLC		
		Firm/Company	<u> </u>
	7419 SW 152 AVE APT	102	
		Address	
	MIAMI FL 33193		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please c	all:	
NEYSA M MORALES		786 302 7613	
Name o	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 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

(A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number L18000019914	ity Company were filed on FLORIDA	and assigned
This amendment is submitted to amend the followin	og:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	::	
(Principal office address MUST BE A STREET A	DDRESS)	VISION OF
Enter new mailing address, if applicable:		T AM
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	0: 56
·		
registered agent and/or the new registered office		enter the name of the
Name of New Registered Agent:		enter the name of the
registered agent and/or the new registered office		enter the name of the
	Enter Florida street address	ta

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	PIERRE KFOURY	15295 SW 106TH LN APT 702	
			B Add
		MIAMI FL 33196	
			Remove
			Change
		·	
			
			□ Remove
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08/14/2018 Effective date, if other than the date of filing:(o	optional)
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a	after filing.) Pursuant to 605.0207
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	, this date will not be listed as
he record specifies a delayed effective date, but not an effective time, at 12:0)1 a.m. on the earlier of
The 90th day after the record is filed.	
AUGUST 14) 1 2018	
Dated AUGUST 14 2018	
Dared	
Dated X Signature of a member of authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00