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DIVISION OF CHAPPOPATION

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COVER LETTER

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SUBJECT:	ROCO GF	ROUP LLC		
oom, oo		Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed	d Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return	all correspo	indence concerning this matter	to the following:	
		RICARDO ORFEI		
			Name of Person	
		RICARDO ORFEI		
			Firm/Company	
		2548 CENTERGATE DI	₹ 301	
			Address	
		MIRAMAR FL 33025		
			City/State and Zip Code	<u> </u>
		RORFEI@ROCO-GROU		
r	<i>r</i>		to be used for future annual report notifi	cation)
ror further in	itormation co	oncerning this matter, please co	<u>யி:</u>	
RICARDO (DRFEI		786 6579547	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$ 25,00 Fi	ling 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

ROCO GROUP LLC	as as it now appears on our grounds)		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I.	liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L18000105511	and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" of	r the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		<u> </u>	
Principal office address MUST BE A STREET ADDRESS)		——————————————————————————————————————	
Enter new mailing address, if applicable:		9 PM	
r new mailing address, if applicable: ling address MAY BE A POST OFFICE BOX)		1	
		Ω % .	
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the no	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Flori	da 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 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>	<u>Address</u>	Type of Action		
AMBR	Ricardo Orfei	2548 CENTERGATE DR 301	Add		
		MIRAMAR FL 33025	□ Remove		
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Fective date, if other than the	e date of filing	cannot be prior	to date of filin	g or more than	(option	121) ling.) Pursuan	nt 10 605	5,0201
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e record specifies a delaye The 90th day after the rec	d effective da cord is filed.	ate, but no	t an effect	ive time,	at 12:01 a.	m. on the	earlie	er o
JUNE 26		2018						
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		/	X_{n} .					
	Signature of a m		/ H					