118000120065

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	-
(Cit	ty/State/Zip/Phone	≥ #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SECONDARY PLONDS

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COVER LETTER .

Div	ision of Cor	porations		
SUBJECT:	ROITOM L	LC		
SUBJECT		Name of Lim	ited Liability Company	
The analogu	J Artislas of	Amendment and fee(s) are sub	mitted for filing	
Please retun	ı all correspo	ondence concerning this matter	to the following:	
		KIRILL REZNIK		
			Name of Person	
		ROITOM LLC		
		_ _	Firm/Company	
		3349 State St		
			Address	
		Hollywood, FL 33021		
		info. roitom@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For further i	nformation c	oncerning this matter, please co	all:	
KIRILL RE.	ZNIK		904 654-5340	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is:	a check for th	ne following amount:		
	Filing Fee	-	☐ \$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:

TO:

Registration Section

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

18 OCT - AH 2:52

ROITOM LLC

ROHOMILL			<u> </u>
(Name of the Limited	Liability Compa	any as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Lial Florida document number L18000120065		-/	14/18 and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liah	oility company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:	3349 State St	
(Principal office address MUST BE A STREET ADDR		Hollywood, FL 33021	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	3349 State St Hollywood, FL 33021	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		re:	ords, enter the name of the new
New Registered Office Address:		Enter Florida street aa	ddress
	Hollywood		, Florida ³³⁰²¹
		City	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 Type of Action Address **Title** Name | KIRILL REZNIK 3349 State St MGR _□ Add Hollywood, FL 33021 □ Remove ■ Change □ Add ☐ Remove 亩 Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove

_□ Change

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Effective date, if other than the office of the date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ck does not meet the	applicable statutory	(opti or more than 90 days after filing requirements, thi	onal) filing.) Pursuant to 605.0207 s date will not be listed as
he record specifies a delayed The 90th day after the reco	effective date, b rd is filed.	ut not an effectiv	ve time, at 12:01 a	a.m. on the earlier o
Dated September 21	2018		,	
	ignature of a member of	hul-		
	ignature of a member of	r authorized represent	ative of a member	

Page 3 of 3

Filing Fee: \$25.00