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EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: ROAW LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Hilay Marguardt
Rogue LCC
2518 Grove St.
Sarasota, FL 34239
City/State and Zip Code hilam Marquardt 7@ gmail. Com E-mail addrest: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hay Marguardt at 340 998-7304
Enclosed is a check for the following amount:
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S25.00 Filing Fee S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Roana	11.0	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our record d Liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited Liability Compar Florida document numberL18500193111	Λ	$5 \pm 13/2$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
		-
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	 -	<u> </u>
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	<u>ූ</u>
		÷ σ·
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records ere:	s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres:	7
	· · · · · · · · · · · · · · · · · · ·	orida
	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

Title Name Type of Action Filary Marquardt 2518 Grove St. DAdd Sarasota FL 34239 XRemove _ Change AMBR Hilay Margyardt 2518 Grove St. Xudd Sarasofa, FL 34239 - Remove ☐ Change _□ Rémove _□ Change 🕝 - 🗆 Add □ Remove _□ Change □ Add ☐ Remove _🗆 Change □ Add ☐ Remove ☐ Change

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Filing Fee: \$25.00