## L18000733603

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## **COVER LETTER**

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	LEROJA R	NVESTMENTS, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		ROSS A. GRAPPIN & LE	EE A. GRAPPIN	
			Name of Person	
		LEROJA INVESTMENTS	Name of Limited Liability Company  fee(s) are submitted for filing.  Ing this matter to the following:  EAPPIN & LEE A. GRAPPIN  Name of Person  VESTMENTS, LLC  Firm/Company  SONG AVENUE  Address  RT F1, 34287  City/State and Zip Code  mail address: (to be used for future annual report notification)  atter, please call:  P.A.  at (941) 639 - 7627  Area Code  Daytime Telephone Number  unt:  unt:  ng Fee & S55.00 Filing Fee & S60.00 Filing Fee.	
		OJA INVESTMENTS, LLC  Name of Limited Liability Company  cles of Amendment and fee(s) are submitted for filing.  porrespondence concerning this matter to the following:  ROSS A. GRAPPIN & LEE A. GRAPPIN Name of Person  LEROJA INVESTMENTS, LLC  Firm/Company  4442 WINDSONG AVENUE  Address  NORTH PORT FL 34287  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  ation concerning this matter, please call:  hie DeCosta, P.A.  Name of Person  at (941) Area Code  Certificate of Status  Certified Copy (additional copy is enclosed)  Address:  Addre		
		4442 WINDSONG AVEN	IUE	
			Address	
		NORTH PORT FL 34287		
			City/State and Zip Code	<del></del>
		E-mail address: (	to be used for future annual report not	ification)
For further in	nformation c	oncerning this matter, please c	all:	
Ma	ahshie I	DeCosta, P.A.	<i>9111 \ 1</i> 29 -	71.77
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	iling Addres gistration S		<u> </u>	ection
Division of Corporations		Division of Corporations		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEROJA INVESTMENTS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{09/20/2018}{1}$ and assigned Florida document number \_L18000223603 This amendment is submitted to amend the following: A. If amending name, enter the new name of the 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

\_, Florida \_

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
AP	JASON M. MINK	8171 ARCHIE STREET	
		ENGLEWOOD, FL 34224	≣Remove
			Change
			□Add
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ecord specifies a de is filed.	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th	day after the
ted Apvil	/9 2021	
	410	
	Signature of a member or authorized representative of a member	
	Lee A. Grappin  Typed or printed name of signee	

Filing Fee: \$25.00