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(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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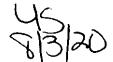
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COVER LETTER

TO:

TO: Registration Sc Division of Cor		•	
SUBJECT: Rohde Ent	terprise LLC		
SUBJECT.		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Matt Rohde		
		Name of Person	
	Rohde Enterprise LLC		2028 54
		Firm/Company	ا الله
	4760 Vignette Way		2020 JUN 24 PM 3: 22 SECOND SECULORIS
		Address	7
	Sarasota Florida 34240		ي
		City/State and Zip Code	De la Co
	M55Rohde@gmail.com		
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notifiall:	ication)
Matt Rohde			
	f Person	at ()	e Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S		Street Address: Registration Sec	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632		The Centre of T	
Tallahassee, I	F1. 3/314	2415 N. Monroe	Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rohde Enterprise LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 1.25/19 The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number _83-3292653 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Rohde Marketing LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviated 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.

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
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