

L190000 78 738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

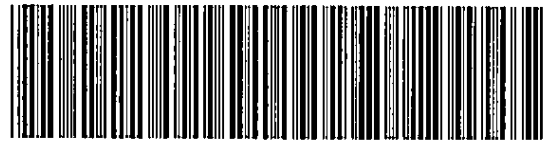
(Business Entity Name)

(Document Number)

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MAY 21 2019
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROCHE BROTHERS PARTNERSHIP HOLDINGS 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:

Vanessa Elmaleh

Name of Person

REGISTERED AGENT

Firm/Company

12550 Biscayne Blvd Suite 403

Address

North Miami, FL 33181

City/State and Zip Code

usavisa55@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VANESSA ELMALEH, REGISTERED AGENT 305 5380009
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ROCHE BROTHERS PARTNERSHIP HOLDINGS 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 03/21/2019 and assigned
Florida document number L19000078738.

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:

12550 Biscayne Blvd Suite 403

(Principal office address MUST BE A STREET ADDRESS)

North Miami, FL 33181

Enter new mailing address, if applicable:

12550 Biscayne Blvd Suite 403

(Mailing address MAY BE A POST OFFICE BOX)

North Miami, FL 33181

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:

SAME - ONLY CHANGE OF ADDRESS

New Registered Office Address:

12550 Biscayne Blvd Suite 403

Enter Florida street address

North Miami

City

Florida 33181

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>	<u>Type of Action</u>
MGRM	BENJAMIN ROCHE	12550 Biscayne Blvd Suite 403	<input type="checkbox"/> Add
		North Miami, FL 33181	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	MICKAEL ROCHE	12550 Biscayne Blvd Suite 403	<input type="checkbox"/> Add
		North Miami, FL 33181	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	GABRIEL ROCHE	12550 Biscayne Blvd, Suite 403	<input checked="" type="checkbox"/> Add
		North Miami, FL	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is indicated, the date must be the date of the filing of the application with the USPTO.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MAY 7th 2019

VANESSA ELMALEH, REGISTERED AGENT, Attorney-in-Fact

Filing Fee: \$25.00