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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address plea;e.\*\*

Email	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGNATION ROCIBELLA, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILEB

ROCIBELLALLC	<b>4</b> :
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	- GO OCT IN P 自私
The Articles of Organization for this Limited Liability Company were filed on FLORIDA  Florida document number L19000177742	and assigned
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	a a breviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(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, entregistered agent and/or the new registered office address here:  Name of New Registered Agent:	ter the name of the new
Now Designated Office Address:	
New Registered Office Address:  Enter Florida street address	
, Florida	Zip Code
Ctr.	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 provisions of all statutes relative to the proper and complete performance of my duties, and I accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. being filed to merely reflect a change in the registered office address, I hereby confirm that the company has been notified in writing of this change.	O:, if this document is
If Changing Registered Agent, Signature of Ne	w Rezistered Agent

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## 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	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	YISEL M. AGUILA DIAZ	811 NW 131 ST AVE. MIAMI FL 33182	🗀 Add
			D Remove
MGR	LORENZO AGUILA RUIZ	811 NW 131 ST AVE. MIAMI FL 33182	
			□ Веточе
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			Add
			☐ Remove
			Change
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e record The 900	specifies a de th day after the	e record is file	edate, but no d.	n an enecuve	MIIG, OL 12.VI S	i.m. on the earlier o
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Dated			·	<del></del> ·		
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		Signature o	f a member or auth	orized representati	ve of a member	

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