

L200000 13617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

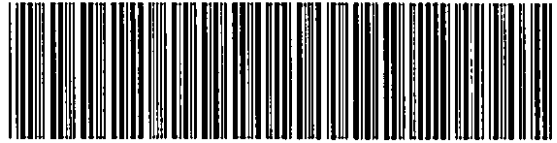
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MAY 04 2020

2020 MAY -1, PM 2:58

C. SIMMONS

MAY 19 2020

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Rogue Echo Delta 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:

Sacha Perez

\_\_\_\_\_  
Name of Person

SMP Consulting, LLC

\_\_\_\_\_  
Firm/Company

21600 SW 104 CT #105

\_\_\_\_\_  
Address

Miami, FL 33190

\_\_\_\_\_  
City/State and Zip Code

sacha.smpconsulting@gmail.com

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

For further information concerning this matter, please call:

Sacha Perez

786

5939628

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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2020 MAY -4 PM 2:58

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**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

Task	Time	Cost	Benefit	Net Benefit	Decision
Task 1	10	20	30	10	Add
Task 2	15	30	40	10	Add
Task 3	20	40	50	10	Add
Task 4	25	50	60	10	Add
Task 5	30	60	70	10	Add
Task 6	35	70	80	10	Add
Task 7	40	80	90	10	Add
Task 8	45	90	100	10	Add
Task 9	50	100	110	10	Add
Task 10	55	110	120	10	Add
Task 11	60	120	130	10	Add
Task 12	65	130	140	10	Add
Task 13	70	140	150	10	Add
Task 14	75	150	160	10	Add
Task 15	80	160	170	10	Add
Task 16	85	170	180	10	Add
Task 17	90	180	190	10	Add
Task 18	95	190	200	10	Add
Task 19	100	200	210	10	Add
Task 20	105	210	220	10	Add
Task 21	110	220	230	10	Add
Task 22	115	230	240	10	Add
Task 23	120	240	250	10	Add
Task 24	125	250	260	10	Add
Task 25	130	260	270	10	Add
Task 26	135	270	280	10	Add
Task 27	140	280	290	10	Add
Task 28	145	290	300	10	Add
Task 29	150	300	310	10	Add
Task 30	155	310	320	10	Add
Task 31	160	320	330	10	Add
Task 32	165	330	340	10	Add
Task 33	170	340	350	10	Add
Task 34	175	350	360	10	Add
Task 35	180	360	370	10	Add
Task 36	185	370	380	10	Add
Task 37	190	380	390	10	Add
Task 38	195	390	400	10	Add
Task 39	200	400	410	10	Add
Task 40	205	410	420	10	Add
Task 41	210	420	430	10	Add
Task 42	215	430	440	10	Add
Task 43	220	440	450	10	Add
Task 44	225	450	460	10	Add
Task 45	230	460	470	10	Add
Task 46	235	470	480	10	Add
Task 47	240	480	490	10	Add
Task 48	245	490	500	10	Add
Task 49	250	500	510	10	Add
Task 50	255	510	520	10	Add
Task 51	260	520	530	10	Add
Task 52	265	530	540	10	Add
Task 53	270	540	550	10	Add
Task 54	275	550	560	10	Add
Task 55	280	560	570	10	Add
Task 56	285	570	580	10	Add
Task 57	290	580	590	10	Add
Task 58	295	590	600	10	Add
Task 59	300	600	610	10	Add
Task 60	305	610	620	10	Add
Task 61	310	620	630	10	Add
Task 62	315	630	640	10	Add
Task 63	320	640	650	10	Add
Task 64	325	650	660	10	Add
Task 65	330	660	670	10	Add
Task 66	335	670	680	10	Add
Task 67	340	680	690	10	Add
Task 68	345	690	700	10	Add
Task 69	350	700	710	10	Add
Task 70	355	710	720	10	Add
Task 71					

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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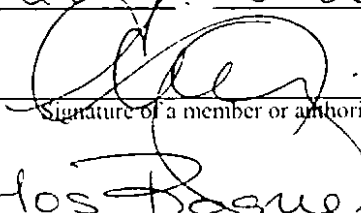
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 28, 2020

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Carlos Hogue

\_\_\_\_\_  
Typed or printed name of signee