

L20 0000 44080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

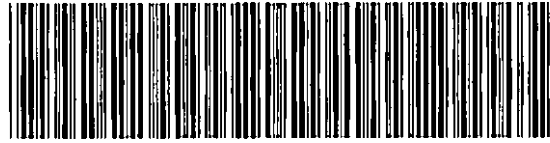
(Business Entity Name)

(Document Number)

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L20 0000 44080

DEPT. OF REVENUE

OCT 16 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROZ INVESTMENTS 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:

ARLEEN DAVILA

Name of Person

ADV ACCOUNTING & TAX SERVICES, LLC

Firm/Company

12701 S JOHN YOUNG PKWY SUITE 215

Address

ORLANDO FL 32837

City/State and Zip Code

arleendavila@gmail.com

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

For further information concerning this matter, please call:

ARLEEN DAVILA

_____ at (407) 641-0810
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

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

ROZ INVESTMENTS LLC

2020 SEP - 2 PM 6:04

(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 02/06/2020 and assigned Florida document number L20000044080.

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:

8401 INTERNATIONAL DR

(Principal office address MUST BE A STREET ADDRESS)

#30

ORLANDO FL 32819

Enter new mailing address, if applicable:

4473 EMERSON PARK DR

(Mailing address MAY BE A POST OFFICE BOX)

APT 206

ORLANDO FL 32839

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

_____, **Florida** _____

City

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> |
|--------------|----------------------|----------------------|---|
| MGR | MALDONADO DIAZ REINA | 4473 EMERSON PARK DR | <input checked="" type="checkbox"/> Add |
| | | APT 206 | <input type="checkbox"/> Remove |
| | | ORLANDO FL 32839 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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