

L70000123552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

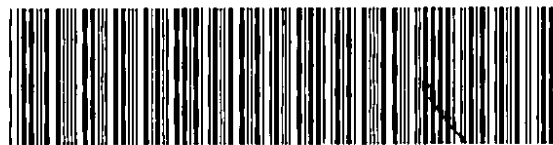
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
JUN 13 2005
JUL 27 2005



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 18, 2023

ROBIN SHULMAN
19719 oakbrook circle
boca raton, FL 33434

SUBJECT: ROBART LLC
Ref. Number: L20000123552

We have received your document for ROBART LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Profit Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 723A00015905

2023 SEP -5 4:10 PM
- FILE

SEP 05 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rob A7 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:

Robin Shulman

Name of Person

Rob A7 LLC

Firm/Company

PO Box 880176

Address

Deer Lake, FL 33488-0176

City/State and Zip Code

RJSHULMAN@YAHOO.COM

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

For further information concerning this matter, please call:

Robin Shulman

Name of Person

at 973, 476-1906

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

FILE
2003 SEP -5 AM 5:27

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

RobAA 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 5/7/2020 and assigned
Florida document number L20000123552.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 880176
Boca Raton, FL 33488-0176

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>
AMBR	Jenica Cohen	19719 Oakbrook Circle	<input type="checkbox"/> Add
		Boca Raton, FL	<input checked="" type="checkbox"/> Remove
		33434	<input type="checkbox"/> Change
AMBR	Ian Shulman	1331 S. Federal Hwy #319	<input checked="" type="checkbox"/> Add
		Bayton Beach, FL 33435	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2022 SEP -5 AM 10:27
FAT

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Effective date, if other than the date of filing: _____ (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) this date will not be listed as the applicable statutory filing requirements.

DATE
TIME


01/05/27

not listed as

605-897-5

2026-07-05

th'day after the

Dated 8/26/2023 

Robin Shulman

Filing Fee: \$25.00