

L20 000 156944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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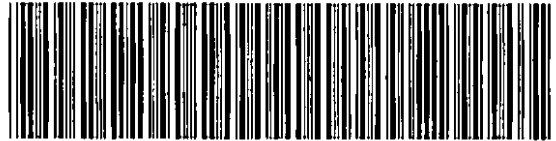
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

Rotir-Group, LLC

SUBJECT: _____
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:

Miguel Armenteros, Esq.

Name of Person

Annesser Armenteros, PLLC

Firm/Company

2525 Ponce de Leon Blvd., Suite 625

Address

Coral Gables, FL 33134

City/State and Zip Code

miguel@aa-firm.com

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

For further information concerning this matter, please call:

Miguel Armenteros

786

600-7446

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

ED

24 PM 1:02

Table 1. Summary

6/8/2020 5/8

Age Group	Total	Male	Female	Male	Female
18-24	15%	10%	20%	10%	10%
25-34	25%	20%	30%	20%	20%
35-44	30%	25%	35%	25%	25%
45-54	20%	15%	25%	15%	15%
55-64	10%	5%	15%	5%	5%
65+	5%	2%	10%	2%	2%

Florida

Florida

New Registered Agent's Signature, if changing Registered Agent:

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

[illegible]

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

[illegible]

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 August 14, 2020

A graph of a periodic function on a coordinate plane. The x-axis is labeled with 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10. The y-axis is labeled with -1, 0, 1. The function is a sine wave with an amplitude of 1 and a period of 2. It starts at (0,0), reaches a maximum at (0.5, 1), crosses the x-axis at (1,0), reaches a minimum at (1.5, -1), and crosses the x-axis again at (2,0). This pattern repeats every 2 units.

Signature of a member or authorized representative of a member

Miguel Armenteros, Esq.

Typed or printed name of signee