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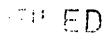
Tallahassee, FL 32314

TO: Registration Division of C			
Rotir Gro	oup, LLC	•	
SUBJECT:		, · · · · · · · · · · · · · · · · · · ·	
		ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Miguel Armenteros, Esq.		
		Name of Person	
	Annesser Armenteros, PLJ	"C	
		Firm/Company	
	2525 Ponce de Leon Blvd.	, Suite 625	
		Address	
	Coral Gables, FL 33134		
	miguel@aa-firm.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report r	otification)
For further information	concerning this matter, please ca	all:	
Miguel Armenteros		786 600-7446	
2		at ()	
Name	of Person		time Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.(X) 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)
<u>Mailing Addr</u> Registratior Division of		Street Address: Registration : Division of O	Section
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**



Rotir Group, LLC

724 PH 1:02

(Name of the Limited Liabilit (A Florida	ty Company as it now appears on our re@fds.) Limited Liability Company)
	6,812020
The Articles of Organization for this Limited Liability Co	ompany were filed on and assigned
Florida document number L20000156944	_
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·
(Principal office address MUST BE A STREET ADDR	(ESS)
n	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	d office address on our records, enter the name of the new regi
agent and/or the new registered office address here:	
Name of New Registered Agent:	
·	
New Registered Office Address:	
The state of the s	Enter Florida street address
	Enter Florida street address Florida

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>	Type of Action
MGR	Sharell Ledezma	9533 NW 41st Street	
		Doral, FL33178	
			
			_
		<u> </u>	
			□Add
			SAud
			□Remove
			□Change
			□Remove
			CRemove
			□Change
	<u> </u>		
			□Remove
			Change
			Change
			□ Add
			□Remove
			□Change
	-		□Add
			□Remove
			□Change

Effective date, if other than the date of filing: (aptional)	ii amen	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: fan 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The work of the state of the stat		
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