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COVER LETTER

Registration Section

TO:

Division of Cor	porations		
	ROJAS LLC		
SUBJECT:	· Name of Lim	ited Liability Company	· ·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Carlos Rojas		
		Name of Person	
	CARLOS ROJAS LLC		
		Firm/Company	
	10663 PICTORIAL PARK	CDR	
		Address	
	TAMPA, FL 33647		
		City/State and Zip Code	
	REALTORCARLOSROJA		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Carlos Rojas		813 406-9324 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	he 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 S Division of C	Section Corporations	Street Address: Registration Sc Division of Co	rporations
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monro	Fallahassee be Street, Suite 810

Tallahassec. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARLOS ROJAS LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited	ny as it now appears on o Liability Company)	ur records.)	
The Articles of Organization for this Limited I	Liability Company	were filed on 07/20/20	020	and assigned
lorida document number 1.20000209783	<u></u> .			
his amendment is submitted to amend the fol	lowing:			
. If amending name, enter the new name	of the limited liab	oility company here:		
he new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designa	tion "LLC" or the abbr	eviation "L.L.C."
nter new principal offices address, if applicable: 10663 PICTORIAL PARK		ARK DR		
Principal office address MUST BE A STREET ADDRESS) TAMPA, FL 33647 US		JS		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				E TI
3. If amending the registered agent and/or		address on our record	ls, enter the name	
gent and/or the new registered office addre	ess here:			5.05
Name of New Registered Agent:	CARLOS ROJ	AS		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	10663 PICTOF	RIAL PARK DR		
		Enter Florida str	reet address	
	ТАМРА		Florida <u>3364</u>	7
		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>	Name	Address	Type of Action
MGR	CARLOS ROJAS	10663 PICTORIAL PARK DR	= Add
		TAMPA. FL 33647 US	□Remove
			□Change
			☐Add
			Remove
			□Change
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n effective date is listed, the date must be te: If the date inserted in this block	specific and cannot be does not meet the a	prior to date of filing opplicable statutory f	r more than 90 days after Ting requirements, this	ofiling.) Pursuant to 605.020 s date will not be listed a
cument's effective date on the Depa				
	ate hut not an effect	ive time, at 12:01 a.	n. on the earlier of: (b) The 90th day after th
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is filed.	2020			
is filed.				
is filed. SEPTEMBER 28TH ted	2020			
	2020	adhorized representa	tive of a member	