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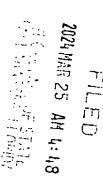
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SOBJECT	·	Name of Lim	ited Liability Company	
The enclos	ad Articlas of	A mandment and fault) are sub-	mitted for filing	
			-	
i icuse iciu	in an correspo	matter concerning and matter	to the following.	
		Hilda Robles		
	Name of Person			
	The Roblez Collection, LLC Firm/Company 2657 Mead Ave Address Saint Cloud, FL 34771 City/State and Zip Code heavenrep@gmail.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call: les 407 252-0594 at (
			Firm/Company	
		2657 Mead Ave		
			Address	
		Saint Cloud, FL 34771		
			City/State and Zip Code	
			to be used for future annual report no	etification)
For further	information c	oncerning this matter, please c	all:	·
Hilda Rob	les			
	Name o	f Person		me Telephone Number
Enclosed is	s a check for th	ne following amount:		
■ \$25.00	Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy
	_			
	.O. Box 632	5	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION OF

FILED

The Roblez Collection, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) SALL ANASSEE FLOOR The Articles of Organization for this Limited Liability Company were filed on 9/28/20 and assigned F1 rida document number L20000306229 This amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: Roblez Virtual Solutions, LLC 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) 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

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.

MGR = Manager AMBR = Authorized Member

AMBR = Au	thorized Member	Address	Type of Action
<u>Title</u>	<u>Name</u>	1,400.	□ Add
			□Remove
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			□ Add
			□Remove

	ation, enter change(s) here: (Attach additional sheets, if neces	
		· · · ·
	ist be specific and cannot be prior to date of filing or more than 90 days after flock does not meet the applicable statutory filing requirements, this	iling.) Pursuant to 605.0207
e record specifies a delayed effective is filed.	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated March 19	7-Jula M. Rolls Signature of a member or authorized representative of a member	
	Hills M. Robles	
	Signature of a member or authorized representative of a member	