120000381355

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COVER LETTER

Division of Co			
ROCA TI			
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	SHYAMIE DIXIT		
		Name of Person	
	DIXIT LAW FIRM		
	-	Firm/Company	.
	3030 N. ROCKY POINT	DR W, STE 150	
		Address	
	TAMPA, FLORIDA 3360	7	
	SDIXIT@DIXITLAW.CO	City/State and Zip Code M	
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
CLARISSA MORENO		813 418-2614	
Name	of Person	at () Area Code Daytim	e 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ction
-	Corporations	Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 HOV 18 AM 6: 39 ROCA TITLE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) (YOUT STATE A HASSEE, F.) and assigned Florida document number ______1200003811355 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 "LLC." 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 __

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RAM DIXIT	3030 N ROCKY POINT DR W, STE 150, TAMPA, F	fl. ⊡Add
			≡ Remove
			_ □Change
AMBR	JENNIFER FOX	3030 N ROCKY POINT DR W, STE 150, TAMPA, E	
			_ □Remove
			_ □Change
			_ □Add
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			□Add
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		L. CF story alma.	, but not a	in effective	time, at 12:01	a.m. on the e	earlier of: (b)	The 90th day	after the
	specifies a delayed l.	refrective date	$\overline{}$	iii ciicciive	·				
i is filed N		1 effective date		2021					
d is filed N	1.		<u>N</u> .	2021					
d is filed	1.		<u>N</u> .	2021		entative of a me	mber		_