L21000035884

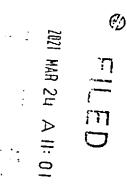
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	





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COVER LETTER

Division of Cor			
SUBJECT: Rob	es <u>Creations</u> Name of Lim	and Developm ited Liability Company	ents LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jose A	Robles	
		Name of Person	
		·	
		Firm/Company	
		Address	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
1,00	ad Notes	0CA 7110	161D
Name o	Person	at (<u>A 20</u>) <u>Sto 1</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
		(additional copy is enclosed)	(additional copy is enclosed)
Mailing Addres		Street Address:	
Registration (Registration Sec	ction
Division of C	orporations	Division of Cor	
P.O. Box 632		The Centre of T	allahassee e Street, Suite 810
Tallahassee. I	riu o∠014	Z# (D IN, MOBIO)	Concer, auto and

Tallahassee, FL 32303

1021 MAS 24 A

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(No. of the Limited Liability Compan	vas it now appears on our records.)
(Name of the Limited Liability Compan (A Florida Limited Li	ability Company)
The Articles of Organization for this Limited Liability Company valorida document number <u>L 210000 35884</u> .	were filed on 19, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y 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 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 a	ddress on our records, enter the name of the new registered
agent and/or the new registered office address here:	
Name of New Productional Assets	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Gibe
New Registered Agent's Signature, if changing Registered Agent:	三
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I am familiar with and rowided for in Chapter 605, F.S. Or, if the document is
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
AR	Jose Angel Robles	204 McKinley Dr	LAdd
	- 0	2011 McKinley Dr Pensacola FL 32505	□Remove
			□Change
			□Add
			□Remove
			□Change
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Effective date, if other (If an effective date is listed, th Note: If the date inserted document's effective date	in this block of	loes not meet the	e applicable statui	iling or more than 9 ory filing require	(optional 0 days after filin ments, this dat) g.) Pursuant to g will not be	605,0207 (listed as t
he record specifies a delaye ord is filed.	d effective dat	e, but not an effe	ective time, at 12:	01 a.m. on the ca	rlier of: (b) 1	he 90th day a	after the
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Dated <u>PUIC 7</u>	20	20	<u> 220</u> .		۔ و	2021 MAR 24	Ŋ
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					bar		- 177
	Sign	ature of a member	r or authorized repre	sentative of a men	10C1	A	-

Filing Fee: \$25.00