## L21000282663

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

A-1	perty Services		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
	Flauranc Pupuleku		
	-	Name of Person	<del></del>
	Roaring Property Services		
		Firm/Company	
	5095 Teak Wood Dr		
		Address	
	Naples, FL 34119		
		City/State and Zip Code	
	Roaringpropertyservices@g		
		to be used for future annual report noti	itication)
For further information co	ncerning this matter, please ca	all:	
Flauranc Pupuleku		239 963-5898 at ( )	
Name of	Person		ne Telephone Number
Enclosed is a check for the	e 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		Street Adaress:	

TO:

**Registration Section** Division of Corporations

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Roaring Property Services		
( <u>Name of the Limited Liability C</u> (A Florida Lir	company as it now appears on our records.  nited Liability Company)	
he Articles of Organization for this Limited Liability Com	pany were filed on June 17, 2027	and assigned
orida document number L21000282663		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
e new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		<del></del>
Principal office address MUST BE A STREET ADDRES	<u> </u>	
		ন্ত - শুর্চ 
nter new mailing address, if applicable:		·
failing address MAY BE A POST OFFICE BOX)		<del></del>
		- <u>က</u> ဟ
. If amending the registered agent and/or registered of gent and/or the new registered office address here:	fice address on our records, <u>enter t</u>	<del>-</del> -
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		ida
	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>	<u>Name</u>	Address	Type of Action
AMBR	Flauranc Pupuleku		□Add
			¬Remove
		5095 Teak Wood Dr. Naples, FL 34119	■Change
AMBR	Eduardo Sacz		□Add
		· · · · · · · · · · · · · · · · · · ·	□Kemove
		14608 Monrovia Ln, Fort Myers, FL 33905	<b>=</b> Change
			<u>∓</u> DAdd
			Remove
			⊕Change
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factive data if other than th	a data of filings	(antionui
n effective date is listed, the date mu	e date of filing:  st be specific and cannot be prior to date of filing or n	nore than 90 days after filing.) Pursuant to 605.02
ite: If the date inserted in this becament's effective date on the I	lock does not meet the applicable statutory film Department of State's records.	ng requirements, this date will not be listed
	ve date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
is filed.		
August 19	2021	
ted		
(FEX	Signature of a member or authorized representative	

Filing Fee: \$25.00