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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Division of Corp	oorations	· ·		_	
SUBJECT: RO	bex LLC Name of Limi	; ·	,	, i	
	Name of Limi	ted Liability Company	-		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	Robertho N	10,50			
		Name of Person	<u> </u>	•	
	•	Firm/Company	· <u> </u>	•	
	131 00 NE 7	R Ave # 317 Address		-	
		City/State and Zip Code	, 1		
		City/State and Zip Code		•	
	E-mail address: (to be used for future annual report no	tification)		
For further information co	oncerning this matter, please ca	all:			
Rolson St	Lows	at (305) 793 L Area Code Daytin	4190	282 	
Name of	Person	Area Code Daytii	ne Telephone Number	FA Pi	
Enclosed is a check for th	e following amount:				
5 7 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	iling Fee. ate of Status & I Copy : Electronic copy is enclosed)	TERM TO

Mailing Address:

TO:

Registration Section

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

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

ROBEX LL	- C	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number		and assigned
Florida document number / 2/000 4 7 03 0 a.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
•		
The new name must be distinguishable and contain the words "Limited Liabil	ity 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:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:		NG 25 FE 170
New Registered Office / Nidecos.	Enter Florida street address	T. 1
	. Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and 1 o provided for in Chapter 605, F.S.	am familiar with and Or, if this document is

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
MGR	Robertho Moise	13/00 NE 7H AVE NORTH MIAM. Florida, 33161 # 317	X Add
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			□Remove
			□Change
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ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days	o ptional) after filing.) I	Pursuant to 6	605.0207
f the date inserted in this block does not meet the applicable statutory filing requirements int's effective date on the Department of State's records.	t, this date w	vill not be l	isted as
specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier ord.	of: (b) The	90th day a	fter the
7 11 7677			
2-11-2022			
Rolan Lust lum Signature of a member or authorized representative of a member			
Typed or printed name of signee			