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

Office Use Only



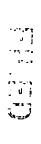
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COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	RoRea H	y LLC mited Liability Company		2021 MAR -7 FA 12: 39
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for tiling.		是一里
Please return all corresp	ondence concerning this matte	r to the following:		2: 2: 3:
	Tyr	one Raymond Name of Person		, _, ,
		Firm/Company	<u> </u>	
	SSI Eldron	blvd se Address		
	Palm bay admine	City/State and Zip Code Coreal ty//City/Com (to be used for furtire annual report not	ilication	
For further information	concerning this matter, please of		,	
Tyrone (Laymond of Person	at (<u>321</u>) <u>917</u> - Area Code Daytin	7888 ne Telephone Number	
Enclosed is a cheek for t	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &
Mailing Addre		Street Address:	.•	

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

RoRec	114 LLC
(Name of the Limite	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Li	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company) ability Company were filed on 1 28 2022 and assigned
Florida document number <u>L 2 2000 0 50</u>	
This amendment is submitted to amend the follow	owing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the wa	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE I	BOX)
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office address on our records, enter the name of the new registered s here:
Name of New Registered Agent:	
New Registered Office Address:	58) Eldron blvd se Enter Florida street address
	Falm bay Florida 32909 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 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>	<u>Address</u>	Type of Action
MGR	Kervin Nesmith	3425 Boyside lakes buch ske 103	□Add
		143 1073 Palm bay, FL 32909	GRemove
			□ Change
MGR	Tyrone Laymond	581 Eldran blud se	[X]vala
		581 Eldron blvd se Palm bay FL 32909	□Remove
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ın effective date	if other than t is listed, the date n	nust be specific an	d cannot be prior	r to date of filing o	r more than 90 day	(optional) 's after filing.) Pur	suant to 605,020
ote: II the da	e inserted in this ctive date on the	block does not i	meet the applic	cable statutory f	ling requiremen	ts, this date will	not be listed a
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record specific	s a delayed effec	tive date, but no	t an effective t	ime, at 12:01 a.i	n, on the earlier	of: (b) The 90	th day after the
is filed.							•
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ated <u> </u>		Signature of a	member or auth	orized representat	ive of a member		