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A. RAMSEY AUG 2 9 2022

## COVER LETTER

Division of Corporations
SUBJECT: Julio Rollinguez, Line LLC Name of Limited Liability Company
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
<u>Julio C. Rodusur, Cabillo</u>
FirmWompany
11/31 NW F.D ND TER Address
DiRAL FL 33178  City/State and Zip Code  marlon 15tala (2) w. lo taxes. ret  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tulu C. Rockeguez, Cabella at (786) 6'38 9680  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status & Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:  Registration Section  Street Address:  Registration Section
Division of Corporations P.O. Box 6327  Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

	CUEI	1145	2022 JUN 13 PM 12 08
(Name of the Limited Liab) (A Flori	ility Company as da Limited Liabil	it now appears ity Company)	Son our records.
The Articles of Organization for this Limited Liability	Company were	e filed on	02/08/2032 and assigned
Florida document number 📈 🗦 🗟 🗸 🗸 🖟 🗸 🥱 🧸 🥂	<u>B</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the line IVLIO ROPRIGUEZ L. The new name must be distinguishable and contain the words "Li			
The new name must be distinguishable and contain the words "Li	mited Liability C	ompany," the de	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	<u> PRESS)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<sub>gradient</sub>		
principal designation of the principal design			
B. If amending the registered agent and/or register agent and/or the new registered office address here		ess on our re	ecords, <u>enter the name of the new register</u>
Name of New Registered Agent:			
New Registered Office Address:		Enter Flori	da street address
			, Florida
<del></del>			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>	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			Remove
			□Remove
			Change
			□Remove
			□Change
			□Remove
			G103

If an el Note:	tive date, if other than the date of filing:
e reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	06/01 3075
	Signature of a member or authorized representative of a member
	Julio C. Rodriguiz Cold Uo Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00