

h220000098269

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(Address)

(Address)

(City/State/Zip/Phone #)

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03/31/22--01015--002 ♦\$25.00

A. BUTLER

APR 15 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROHIO FAMILY BUSINESS LLC
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:

HAYDIE SILVANA PALACIOS
Name of Person

Firm/Company

10212 3RD ST N APT B
Address

SAINT PETERSBURGH FL 33716
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HAYDIE SILVANA PALACIOS 727 3104497
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:
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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	HEIDY PALACIOS	10212 3RD ST N SAINT PETERSBURGH FL	<input type="checkbox"/> Add
		33716	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HAYDIE SILVANA PALACIOS	10212 3RD ST N APT B SAINT PETERSBURGH	<input checked="" type="checkbox"/> Add
		FL 33716	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

PLEASE WE NEED T CHANGE THE NAME AND THE ADDRESS THE AMBR

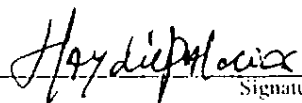
E. Effective date, if other than the date of filing: 03/28/2022 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 03/28/22



Signature of a member or authorized representative of a member

HAYDIE SILVANA PALACIOS

Typed or printed name of signee

Filing Fee: \$25.00