122000098269

| (Req | uestor's Name) | |
|---------------------------|------------------|-------------|
| (Add | ress) | |
| bbA) | ress) | |
| (City | /State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nar | ne) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
| | | |
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| | | |





600384493146

09/31/22--01015--002 **25.00

A. BUTLER APR 15 2022

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

| Div | ision of Cor | porations | | |
|----------------|---------------------------|--|---|--|
| | | MILY BUSINESS LLC | | • |
| SUBJECT: | | Name of Lim | ited Liability Company | |
| The enclosed | l Articles of . | Amendment and (cc(s) are sub | mitted for filing. | |
| Please return | all correspo | ndence concerning this matter | to the following: | |
| | | | | |
| | | HAYDIE SILVANA PAL | | |
| | | | Name of Person | |
| | | | Firm:Company | |
| | | 10212 3RD ST N APT B | | |
| | | | Address | |
| | | SAINT PETERSBURGH | FL 33716 | |
| | | | City/State and Zip Code | |
| | | E-mail address; t | to be used for future annual report not | ification) |
| For further in | nformation c | oncérning this matter, please ca | nH; | |
| HAYDIE SI | LVANA PA | | 727 3104497 | |
| | Name o | f Person | at () Area Code Daytin | ne Felephone Number |
| Enclosed is a | a check for th | ne following amount: | | |
| ■ \$25.00 B | 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) |
| | iling Addres | | Street Address: | |
| | gistration S | | Registration Se Division of Co | |
| | vision of C). Box 632 | orporations 7 | The Centre of T | • |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROHO FAMILY BUSINESS | LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| (A Florida Limited I | Lability Company) |
|--|---|
| The Articles of Organization for this Limited Liability Company | were filed on 02/24/2022 and assigned |
| Florida document number L22000098269 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | ility company here: |
| The new name must be distinguishable and contain the words "Limited Liabi | hty Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 10212 3RD ST N |
| (Principal office address MUST BE A STREET ADDRESS) | SANT PETERSBURGH FL 33716 |
| Enter new mailing address, if applicable: | 10212 3RD ST N APT B |
| (Mailing address MAY BE A POST OFFICE BON) | SAINT PETERSBURGH FL 33716 |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | address on our records, <u>enter the name of the new register</u> |
| New Registered Office Address. | Enter Florida street address |
| | |

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> | <u>Address</u> | Type of Action |
|--------------|-------------------------|--|-----------------|
| AMBR | HEIDY PALACIOS | 10212 3RD ST N SAINT PETERSBURGH FL | □Add |
| | | 33716 | ≡ Remove |
| | | | □Change |
| AMBR | HAYDIE SILVANA PALACIOS | 10212 3RD ST N APT B SAINT PETERSBURGH | ≣Add |
| | | FL 33716 | 🗀 Remove |
| | | | @Change |
| | | | DAdd |
| | | | □Remove |
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| | | | □Change |

| ective date, if other than the date of filling: 03/28/2022 | P | LEASE WE NEED T CHANGE THE NAME AND THE ADDRES THE AMBR |
|---|---------------|--|
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Filing Fee: \$25.00