422000100738

		
(Re	questor's Name)	
(Ad	dress)	
——————————————————————————————————————	dress)	
(Cit	y/State/Zip/Phone	- #)
(0.1	y/Otate/Zip/i none	- "',
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
,	ŕ	
Cartified Coninc	Cadificator	of Status
Certified Copies	_ Certificates	Of Status
Special Instructions to	Filing Officer:	
ļ		
	_	

Office Use Only

000392164780

08/08/22--01011--008 **30.00

2022 AUG -8 PH 3: 07 SECRETARY OF STAT

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

	RANS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	GREISY SUAREZ		
		Name of Person	-
	DIRECT SOLUTION SER	RVICES	
		Firm/Company	
	1248 Viscaya Pkwy		
		Address	
	Cape Coral, FL 33990		
		City/State and Zip Code	
	permits@directsolutionserv		
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
GREISY SUAREZ		239 443-5846 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check 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)	Sectificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		Street Address: Registration Se	ection
Division of C		Division of Cor	
P.O. Box 632		The Centre of 1	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROGER TRANS LLC			
(Name of the Limi	ted Liability Company as it now a (A Florida Limited Liability Comp	oppears on our records.)	
The Articles of Organization for this Limited L		on <u>03/11/2022</u>	and assigned
This amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name o	of the limited liability compa	ny here:	
The new name must be distinguishable and contain the	words "Limited Liability Company."	"the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on o	our records, <u>enter the</u>	2022 AUS -8 PM 18te SECRETARY OF new registe TALLAHASSETTEFL name of the FL
Name of New Registered Agent:	ROGELIO GARCIA MIRA	BAL	rri T
New Registered Office Address:	911 SE 24TH AVE	The Last and the second	
		er Florida street address	
	CAPE CORAL	, Florid	
	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 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
AMBR	ROGELIO GARCIA MIRABAL	911 SE 24TH AVE	🗀 Add
		CAPE CORAL, FL 33990	□Remove
AMBR	SULEIDY HERNANDEZ RUIZ	911 SE 24TH AVE	□Add
		CAPE CORAL, FL 33990	□Remove
			□Add
			□Remove
			□Change
			□A d d
			□Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□ Change

				•	
	·			***************************************	
			.		
					
					
					
					
			<u> </u>		···
					
			· · · · · · · · · · · · · · · · · · ·		
		•			
					
ffective date, if other than the an effective date is listed, the date mote: If the date inserted in this becument's effective date on the line.	lock does not meet	the applicable star	filing or more than state of the state of th	(optional) 90 days after filing.) Purse ements, this date will n	ant to 605,0207 of be listed as t
record specifies a delayed effecti Lis filed.	ve date, but not an o	effective time, at 1	2:01 a.m. on the ea	urlier of: (b) The 90th	day after the
	3	022			
JULY ated					
ated	· · · · · · · · · · · · · · · · · · ·				
ated	100	kolo	presentative of a men		

Filing Fee: \$25.00