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S. PRATHER

COVER LETTER

	ision of Cor			
SUBJECT:	ROTHLAN			
.,0031.01.		Name of Lim	ited Liability Company	
The enclosed	f Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	ı all correspo	ndence concerning this matter	to the following:	
		EARL JORDAN		
			Name of Person	
		ROTHLAND LLC		
			Firm/Company	
		1503 SE 31st TER		
			Address	
		Cape Coral, FL 33904		
			City/State and Zip Code	
		earllinda@aol.com	to be used for future annual report no	
Coe Greekoe is	- formation of	n-man address. (oncerning this matter, please ca	·	utheadon)
		succerning and matter, please ca		
EARL JORI			239 822-6496 at ()	
	Name of	Person	at () Area Code Dayti	nie Telephone Number
Enclosed is	check for th	e following amount:		
□ \$25.00 I	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Re Di P.C	iling Addres gistration S vision of C D. Box 632 llahassee, I	Section \ orporations 7	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee roe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JUN -9 AM 8:51

ROTHLAND LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Limited I	Liability Company)	D .
The Articles of Organization for this Limited Liability Company Florida document number L22000150989	were filed on 03/29/2022	and assigned
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	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1503 SE 31ST TER	
(Principal office address MUST BE A STREET ADDRESS)	CAPE CORAL, FL 33904	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	la
	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>	Name	Address	Type of Action
AMBR	EARL JORDAN	1503 SE 31ST TER	
		CAPE CORAL, FL 33904	□Remove
			■ Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

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f filing:	f filling:	f filing: (optional) ific and cannot be prior to date of filing or more than 90 days after filing.) Purs

Filing Fee: \$25.00