

W220000202833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

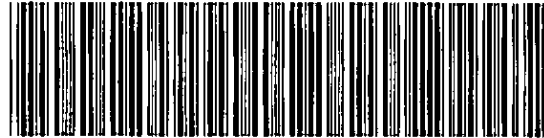
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/15/22--01013--007 **25.00

2022 JUN 15 AM 9:49

af 9/1/2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROPAU PROPERTIES 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:

ANA ALEMAN

Name of Person

ADA PROFESSIONAL SERVICES COSULTING LLC

Firm/Company

13550 VILLAGE PARK DR SUITE 160

Address

ORLANDO, FL 32837

City/State and Zip Code

SALES@ADAPROSERVICES.COM

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

For further information concerning this matter, please call:

ROBERTO CHAVEZ GONZALEZ

321 3189317
at ()

Name of Person

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

2022 JUN 15 AM 9:49

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

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>
MGR	ROBERTO CHAVEZ GONZALEZ	10793 CORSICAN ST	<input type="checkbox"/> Add
		ORLANDO, FL 32824	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	PAULINA HERNANDEZ FERNA	10793 CORSICAN ST	<input type="checkbox"/> Add
		ORLANDO, FL 32824	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

(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)

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.

ROBERTO CHAVEZ GONZALEZ
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00