## ん22000202833

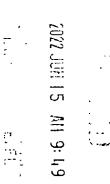
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	

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## **COVER LETTER**

TO:

**Registration Section** 

Divis	sion of Corp	porations				
	ROPAU PR	OPERTIES LLC				
SUBJECT:		Name of Lim	ited Liability Co	mpany		
		Amendment and fee(s) are sub		_		
Please return a	ati correspoi	ndence concerning this matter	to the following	g:		
		ANA ALEMAN				
			Name of	Person		
		ADA PROFESSIONAL S	ERVICES COS	SULTING LLC		
			Firm/Cor	прапу		
		13550 VILLAGE PARK I	OR SUITE 160			
			Addre	ess	<del></del>	
		ORLANDO, FL 32837				
			City/State and	Zip Code		
		SALES@ADAPROSERVI				
				ure annual report r	notification)	
For further inf	formation co	oncerning this matter, please co	all:			
ROBERTO C	HAVEZ GO	ONZALEZ	321 at (	3189317		
	Name of	Person	Area	Code Day	time Telephone Number	
Enclosed is a	check for th	e following amount:				
<b>■ \$</b> 25.00 Fi	ling Fec	□ \$30.00 Filing Fee & Certificate of Status		filing Fee & d Copy I copy is enclosed)	Certified	te of Status &
Reg Divi P.O.	ing Address istration S ision of Co Box 632' ahassee, F	ection orporations 7			Section Corporations f Tallahassee proe Street, Suite 8	10

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JUN 15 AH 9: 49

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

(A Florida Limited Liability Company)

s of Organization for this Limited Liability Company were filed on 04/28/2022

ROPAU PROPERTIES LLC

The Articles of Organization for this Limited Liability Company v Florida document number <u>L22000202833</u>	vere filed on 04/28/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:  Name of New Registered Agent:	dress on our records, <u>enter the</u>	name of the new registered
New Registered Office Address:		
	Enter Florida street address	
	, Florid	aZip Code
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I ovided for in Chapter 605, F.S.	am familiar with and Or, if this document is

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
MGR	ROBERTO CHAVEZ GONZALEZ	10793 CORSICAN ST	□ Add
		ORLANDO, FL 32824	□Remove
		·	■Change
MGR	PAULINA HERNANDEZ FERNA	10793 CORSICAN ST	
		ORLANDO, FL 32824	□Remove
			\equiv Change
	<del> </del>		□Add
			□Remove
		<del></del>	□Change
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ective date, if other than the effective date is listed, the date in this urnent's effective date on the	ust be specific and cannot be block does not meet the a	e prior to date of filing applicable statutory	or more than 90 days a filing requirements,	fter filing.) Pursuant to 605,020
cord specifies a delayed effect s filed.	ve date, but not an effec	tive time, at 12:01 a	a.m. on the earlier of	(b) The 90th day after the
ed	, 2022			
K	08/2000 Cd	(AV (2) a()	NALT	
	OBCRTO CA Signature of a member o	r authorized represent	ative of a member	<del></del>

Filing Fee: \$25.00