2022-09-01 15 43:19 GMT

19542080209

9/1/22, 11:36 AM

To:

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220003005613)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Co	rpa	prations	
Fax Number	:	(850)617-6383	
Account Name	;	AV ACCOUNTING ASSOCIATES	CORP
Account Number	:	120220000141	
Phone	:	(954)937-5905	
Fax Number	:	(954)208-0209	
	Fax Number Account Name Account Number Phone	Fax Number : Account Name : Account Number : Phone :	Account Number : 120220000141 Phone : (954)937-5905

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: vesid rodriguez@slunderwriters.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROLA COMMODITIES LLC



SEP - 1 2022

K Brumbler

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	Page: 5	of 8 2022	-09-01 15:43:19 GMT	19542080209	From, Alfonso Velez
			COVER LETTER		
	egistration Se livision of Cor		••• ∵ •		
SURIECT	ROLA COM	4MODITIES LLC		-	
50 091.0.1	·	Name of Lit	nited Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are su	omitted for tiling.		
Please retu	irn all correspo	ndence concerning this matter	to the following:		
		Yesid Rodriguez			
			Name of Person		
			Firm/Company		
		ROLA COMMODITIES			
		WESTON, FL 33331	Address		
			City/State and Zip Code		
		yesid.rodriguez@slunderw E-mail address:	riters.com (to be used for future annual report	notification)	
For further	r information e	oncerning this matter, please o	•		
Yesid Rod	lriguez		786 459-213	5	
	Name of	r Person	Area Code Da	ytime Telephone Number	
Enclosed is	s a check for th	ne following amount:			
■ \$25.00) Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of State Certified Copy radditional copy is enc	
	lailingAddres		StreetAddress		
	legistration S Division of C		Registration Division of	Section Corporations	
Р	.O. Box 632	7	The Centre of	of Tallahassee	
T	allahassee. I	71, 32314	2415 N. Mo	nroe Street, Suite 810	

Tallahassee, FL 32303

To

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROLA COMMODITIES LEC

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

The Articles of Organization for this Limited Liability C	Company were filed on 08/03/2022	andassigned
Florida document number L22000342813		

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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 address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:		SECRE ALLA	022 SE	
New Registered Office Address:		SS	P	FIL
	Enter Florida street address . Floridu	OF S	PM	ED
	Cīņ	Te z Zip	Gale S	e

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.

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	LARSSON, ROGER	11210 Wheat Ridge RD	⊡∧dd
		Charlotte NC 28277-3494	🗆 Remove
			🗟 Change
			🗆 Add
			🖾 Remove
			Change
			🗋 Add
			🗆 Remove
			Change
			🗆 Add
			🛛 Remove
			Change
			🗋 Add
			🛛 Remove
			□ Change
			🗆 Add
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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

August 19

2022

Vesid Rodrighez Your action with a support of the second

Signature of a member or authorized representative of a member-

Yesid Rodriguez

Typed or printed name of signee

Filing Fee: \$25.00