To.



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.

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Ta:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.

Account Number : I20020000100

Phone : (305)944-9755

Fax Number

: (888)401-1914

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

Email	Address:		—
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AITAMIGROAN LLC

Certificate of Status	0
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COVER LETTER

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	IROAN LLC			
SOBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	Name of Limited Liability Company			
Division of Corporations AITAMIGROAN LLC Name of Limite Name of Limite Please return all correspondence concerning this matter to MIGUEL NOGUEIRA PEN AITAMIGROAN LLC 6620 INDIAN CREEK DR MIAMI BEACH, FL 33141 ACCOUNTING2@SILVASI E-mail address; for For further information concerning this matter, please cal Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee		NA		
		Name of Person	ode mual report notification) Daytime Telephone Number Fee & \$60.00 Filing Fee. y	
	AITAMIGROAN LLC			
AlTAMIGROAN 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: MIGUEL NOGUEIRA PENA Name of Person AlTAMIGROAN LLC Firm:Company 6620 INDIAN CREEK DR #507 Address MIAMI BEACH, FL 33141 City/State and Zip Code ACCOUNTING2@SILVASBON.COM E-mail address: (no be used for future annual refer further information concerning this matter, please call: Name of Person Area Code Enclosed is a check for the following amount: □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certified Copy		Firm/Company		
	6620 INDIAN CREEK DI	EEK DR #507		
	 	Address		
	MIAMI BEACH, FL 3344	Maine of Limited Liability Company diment and fee(s) are submitted for filing. e concerning this matter to the following: IGUEL NOGUEIRA PENA Name of Person ITAMIGROAN LLC Firm: Company 520 INDIAN CREEK DR #507 Address HAMI BEACH, FL 33141 City/State and Zip Code COUNTING2@SILVASBON.COM E-mail address: (no be used for future annual report notification) ning this matter, please call: at (
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	ACCOUNTING2@SILVA	Name of Limited Liability Company and fee(s) are submitted for filing. crining this matter to the following: . NOGUEIRA PENA Name of Person GROAN LLC Firm:Company DIAN CREEK DR #507 Address BEACH, FL 33141 City/State and Zip Code FING2@SILVASBON.COM E-mail address: (to be used for future annual report notification) is matter, please call: at (
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Name	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for	the following amount:			
S25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	

MailingAddress: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

StreetAddress:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

To:

(((H230001477343)))

Page: 4 of 6

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		ROAN LLC		
(Nume of the Lim	(A Florida Limited	any as it now appears o Liability Company)	n our records.)	
The Articles of Organization for this Limited	Liability Company	y were filed on 12/0	8/2022	andassigned
Florida document number L22000516833				
This amendment is submitted to amend the for	llowing:			
A. If amending name, enter the new name	of the limited list	oility company here	.1	
N/A				
The new name must be distinguishable and contain the	words "Limited Liab	ility Company, the desi	gnation "LLC" or the al	breviation "L L.C."
Enter new principal offices address, if appli	icable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
				<u>-</u> .
		N/A		
Enter new mailing address, if applicable:		3//3	<u></u>	262
Mailing address MAY BE A POST OFFICE	E BOX)			
				,
B. If amending the registered agent and/or	registered office	address on our rec	ords enter the nam	e of the new register
agent and/or the new registered office addr		address on our rec		
			<u>⊆.</u> ;	ယ္က
Name of New Registered Agent:	N/A		<u></u> . <u>-</u>	2
New Registered Office Address:				
		Enter Florida	a street address	
			Florida	

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.

From, Silvas Financial Services, LLC

(((H23000147734.3')))

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
MGRM	RODRIGUEZ BALADO, ANA BELEN	6620 INDIAN CREEK DR #507	
		MIAMI BEACH, FL 33141	□Remove
			□Change
			□ Add
			□Remove
			□Change
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Τo

Fective date, if other than the date of filing:	N/A						
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