

L230000020372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

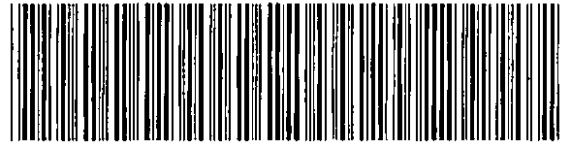
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



800412003148

07/13/23--01016--025 \*\*25.00

2023 JUL 13 PM 2:07  
CLERK OF STATE  
TALLAHASSEE, FL  
ED

R. HUNT

07/13/23

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ROTTERDAM SERVICES 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:

DANIEL SANCHEZ  
Name of Person  
ROTTERDAM SERVICES LLC  
Firm/Company  
13732 SUMMER HARBOR CT  
Address  
WINDERMERE FL 34786 U.S  
City/State and Zip Code  
dqanisan2009@gmail.com  
E-mail address: (to be used for future annual report notification)

FILED  
2009 JUN 13 PM 2:07  
TALLAHASSEE, FL

For further information concerning this matter, please call:

DANIEL SANCHEZ at ( 407 ) 952-5066  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

ROTTERDAM SERVICES LLC

(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 Company were filed on 01/09/2023 and assigned  
Florida document number L23000020372

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain the words "Limited Liability 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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

2023 JAN 13 PM 2:07  
CLERK OF STATE  
TALLAHASSEE, FL  
FILED

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

Enter Florida street address

Florida

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.

N/A

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          | IVONNE LEON | 13732 SUMMER HARBOR CT<br>WINDERMERE FL 34786.US | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change |
|              | N/A         |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change            |
|              | N/A         |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change            |
|              | N/A         |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change            |
|              | N/A         |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change            |
|              |             |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change            |
|              |             |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change            |
|              |             |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change            |

2023 JUN 20 PM 2:07  
CLERK OF STATE  
TALLAHASSEE FL

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

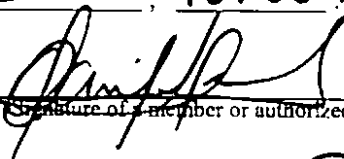
N/A

FILED  
2023 JUL 13 PM 2:07  
CLERK OF STATE  
TALLAHASSEE, FL

F. Effective date, if other than the date of filing: 07/11/2023 (optional)  
(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)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 07/11/2023, 10:00 AM



Signature of a member or authorized representative of a member

DANIEL SANCHEZ

Typed or printed name of signee