

10/22/24, 11:56 AM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L23000030719

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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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : POMARES ACCOUNTING SOLUTIONS
Account Number : 120190000043
Phone : (786)314-1371
Fax Number : (786)228-0049

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

Email Address: roque.glassandmirror@gmail.com

SECRETARY OF STATE
TALLAHASSEE, FL

2024 OCT 22 PM 1:27

RECEIVED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ROQUE SHOWER DOOR & MIRROR, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 06 |
| Estimated Charge | \$25.00 |

2024 OCT 22 PM 10:35

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OCT-22-2024

K. Brumbley

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROQUE GLASS DESIGN, 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:

IVON POMARES

Name of Person

POMARES ACCOUNTING SOLUTIONS, LLC

Firm/Company

3425 NW 14TH ST

Address

MIAMI, FL 33125

City/State and Zip Code

POMARESSOLUTIONS@GMAIL.COM

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

For further information concerning this matter, please call:

IVON POMARES

786

314-1371

at ()

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROQUE SHOWER DOOR & MIRROR, 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 01/23/2023 and assigned
Florida document number L23000030719.

This amendment is submitted to amend the following:

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

ROQUE GLASS DESIGN, LLC

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:

11115 W OKEECHOBEE RD UNIT 157

(Principal office address MUST BE A STREET ADDRESS)

HIALEAH GARDENS, FL 33018

Enter new mailing address, if applicable:

11115 W OKEECHOBEE RD UNIT 157

(Mailing address MAY BE A POST OFFICE BOX)

HIALEAH GARDENS, FL 33018

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:

New Registered Office Address:

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.

If Changing Registered Agent, Signature of New Registered Agent


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

F. Effective date, if other than the date of filing: _____ (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 605.0707 (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 OCTOBER 22 2024


Signature of a member or authorized representative of a member

MANUEL A. ROQUE GARCIA

Typed or printed name of signee

Filing Fee: \$25.00