## L23000049189

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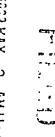




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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	RORO MUL	TISERVICE LLC		
SUBJECT: _		Name of Lim	nited Liability Company	_
The enclosed A	Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return a	ll correspon	dence concerning this matter	to the following:	
			Rolland Cocur Aimable	
			Name of Person	<del></del>
			RORO Multiservice LLC	
			Firm/Company	_
			720 SW 6th Ave	
			Address	
			Homestead, FL 33030	7023 HA
			City/State and Zip Code	<b>-</b>
			rcoeuraimable@yahoo.com	် ယ်
			(to be used for future annual report notification)	
For further info	ormation co	ncerning this matter, please o	:all:	AH II: 35 Ci state
Rolland Cocus	r Aimable		954 551-9532 at ( )	35 L
	Name of I	Person	Area Code Daytime Telephone Num	aber
Enclosed is a c	check for the	following amount:		
□ \$25.00 Fil		☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	Filing Fee, Teate of Status & Ted Copy onal copy is enclosed)
Regi Divi P.O:	Box:6327	ectión r <del>poratio</del> ns	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite	e <b>8</b> 10

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RORO MULTISERVIC	CE LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)	<del> </del>
The Articles of Organization for this Limited Liability Company	were filed on 01/26/2023	and assigned
Florida document number L23000049189		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	543 W LUCY STREET	( (2) (2) (3) (4)
(Principal office address MUST BE A STREET ADDRESS)	FLORIDA CITY, FL 33034	产
Enter new mailing address, if applicable:	543 W LUCY STREET	
(Mailing address MAY BE A POST OFFICE BOX)	FLORIDA CITY, FL 33034	F7
		m 0
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	City	w LUCY STREET  W LUCY STREET  W LUCY STREET  RIDA CITY, FL 33034  W LUCY STREET  RIDA CITY, FL 33034  Son our records, enter the name of the new registered  Enter Florida street address  Florida  Florida

## 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

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	COEUR AIMABLE, ROLLAND	720 S.W 6 AVE, HOMESTEAD, FL 33030	<b>=</b> Add
			□Remove
			□Change
AMBR	COEUR AIMABLE, ROLLAND	720 S.W 6 AVE, HOMESTEAD, FL 33030	□Add
			Remove  Change
AP	COEUR AIMABLE, ROLLAND	720 S.W 6 AVE, HOMESTEAD, FL 33030	Add
			□Change
MGR	COEUR AIMABLE, ROLLAND	720 S.W 6 AVE, HOMESTEAD, FL 33030	□Add
			Remove
			□Change
AP	COEUR AIMABLE. ROLLAND	720 S.W 6 AVE, HOMESTEAD, FL 33030	□Add
			Remove
			□Change
AMBR	COEUR AIMABLE, ROLLAND	720 S.W 6 AVE, HOMESTEAD, FL 33030	🗆 Add
		<del></del>	■Remove
			□Change

REMOVE MY NAME WRITT	EN MULTIPLE TIMES	AS COEUR AIMABLE	, ROLLAND FO	R DIFFERF	ENT
OFFICER POSITIONS, I AM	THE ONLY OFFICER C	F MY LLC AND I ONL	Y WANT TO HA	VE MY	
NAME COEUR AIMABLE, R	OLLAND AS MGR. I W	ANT TO REMOVE TH	HE OTHER OFFI	CER TITLE	ES
CONNECTED TO MY NAME	AND JUST HAVE MY	NAME COEUR AIMA	BLE, ROLLAND	AS MGR. I	
WANT TO REMOVE THE OT	THER TITLES AMBR &	AP CONNECTED TO	MY NAME		
COEUR AIMABLE, ROLLAN	ID				
		_ <del>_</del>			
· · · · · ·					
		<del></del>	<del></del>		
· · ·					
tive date, if other than the date fective date is listed, the date must be a lift the date inserted in this blocknent's effective date on the Department.	e specific and cannot be prick does not meet the appli	cable statutory filing req		ig.) Pursuant t	
rd specifies a delayed effective o	date, but not an effective	time, at 12:01 a.m. on th	e earlier of: (b)	The 90th day	r afti
					7923 KAY
04/26/2023	<u> </u>	·			
	R	The s		i *	) 

Filing Fee: \$25.00