

L23000416400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

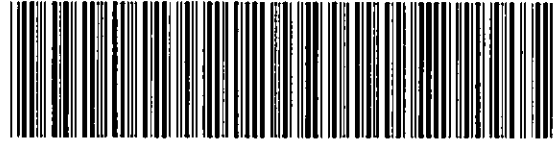
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



400417431844

10/17/23--01004--009 **25.00

2023 OCT 17 AM 7:32

4612512023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROLIVI 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:

ROLANDO I VENERACION JR

Name of Person

ROLIVI LLC

Firm/Company

4214 REVERE CIR

Address

NEW PORT RICHEY, FL 34653

City/State and Zip Code

dndvener@yahoo.com

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

For further information concerning this matter, please call:

ROLANDO I VENERACION JR 727 967-9164

Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

To whom it may concern,

We are amending our article of organization where in my father, Rolando I. Veneracion Jr. is the Owner/ Manager. While I, Janna Thereze E. Veneracion will be the Registered Agent, but we are not sure which form to submit. I have attached two of the same pages with my signature and one without.

Attached are personal check, \$25, from my father for the filling fee.

A handwritten signature in black ink, appearing to read "Janna Thereze E. Veneracion". The signature is written in a cursive, flowing style.

Janna Thereze E. Veneracion

10/10/2023

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2023 OCT 17 AM 7:33

ROLIVI 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 09/06/2023 and assigned
Florida document number L23000416400.

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 "L.L.C."

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, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Janna Veneracion

New Registered Office Address:

4214 Revere Circle

Enter Florida street address

New Port Richey

City

Florida

34653

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.

Janna Veneracion

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	JANNA THEREZE E VENERACION	4214 REVERE CIRCLE	<input type="checkbox"/> Add
		NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ROLANDO I VENERACION JR	4214 REVERE CIRCLE	<input checked="" type="checkbox"/> Add
		NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

Generation
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00