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## **COVER LETTER**

TO:

	egistration Se vision of Cor			
	RodKar, Ll	LC		
SUBJECT:		Name of Lin	nited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		Olivia Warden		
			Name of Person	
		Steven Serle, PA		
			Firm/Company	
		5820 N. Federal Hwy		
			Address	
		Boca Raton, FL 33487		
			City/State and Zip Code	
		olivia@stevenserlepa.com	_	
For further	information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report not all:	tification)
Olivia War	den		561 912-3580 at ()	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
<b>■</b> \$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)
	ailing Addres		Street Address:	
	egistration S vision of C	Section orporations	Registration Se Division of Co	
	O. Box 632		The Centre of	
Ta	llahassee, F	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RodKar, LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
he Articles of Organization for this Limited Liability Corida document number L23000456363	ompany were filed on 10/03/2023	and assigned
nis amendment is submitted to amend the following:	_	
. If amending name, enter the new name of the limi	ited liability company here:	
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	(ESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered	i office address on our records, enter the	name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	g
<del></del> -	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 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

Title	<u>Name</u>	Address	Type of Action
MGR	Betty Olivera	4950 NW 23RD COURT	□Add
		BOCA RATON, FL 33431	■Remove
			□Change
MGR	Betty Rodriguez	4950 NW 23RD COURT	<b>=</b> Add
		BOCA RATON, FL 33431	□Remove
			□Change
			□Add
			Remove
			☐Change
			□Add
			□Remove
			Change
			DAdd
			□Remove
			□Change
			□Remove
			□Change

d		(M		
filed.	2022	time, at r2:01 a.m.	on the carrier of: (b)	the som day after th
ord specifies a delayed effective	date but not an effective	time at 17:01 a.m.	on the earlier of: th)	The 90th day after th
effective date is listed, the date must If the date inserted in this blo ment's effective date on the De	ck does not meet the appl	icable statutory filin	ore than 90 days after fi g requirements, this c	ling.) Pursuant to 605.02 late will not be listed a
ctive date, if other than the offective date is listed, the date must	late of filing:		(option	ial)
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Filing Fee: \$25.00