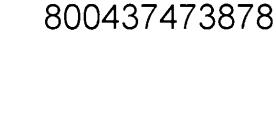
## L24000343664

(Requestor's Name)
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## **COVER LETTER**

	gistration Section of Corp					
enn mær.	3012 RO LI					
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	l Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspon	ndence concerning this matter	to the following:			
		Giselle Torres				
		-	Name of Person			
		3012 RO LLC				
			Firm/Company			
	1315 NE 116 ST					
		Address				
		Miami, FL 33161				
		City/State and Zip Code				
		giselletorres l 5@hotmail.co E-mail address: (	on to be used for future annual report notific	cation)		
For further in	nformation ed	oncerning this matter, please c	all:			
Giselle Torr	es Rodriguez	:	305 746-9633			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a	i check for th	e following amount:				
■ \$25.00 F	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 radditional copy is enclosed)		

MAILING ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3012RO 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  $\frac{8'5/2024}{}$ \_\_\_\_ and assigned Florida document number  $\frac{1.24000343664}{1.24000343664}$ 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 "LLC." 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: New Registered Office Address: Enter Florida street address

## 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

\_\_\_, Florida \_\_\_\_

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = -Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Ambr	Edelmira Cristina Ochoa Ortiz	1315 NE 116 ST	
		Miami, FL 33161	☐ Remove
			Change
			Remove
			Change
			Add
			☐ Remove
			Change
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ective date, if other than to effective date is listed, the date is	he date of filing:	to date of filing or more than	(optional) 90 days after filing.) Pursuant	to 605,0201
te: If the date inserted in this	s block does not meet the applica Department of State's records.			
record enecities a dela-	and offertive data, but ask	- na offoctiva time :	at 12:01 a m an tha	aaeliae e
he 90th day after the r	ved effective date, but not ecord is filed.	. an enective time, a	at 12.01 a.m. on the (	earner 0
October 8	2024	<u> </u>		
(Taren)	Signature of a member or autho	OF THREE 11TH	2021	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00