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Office Use Only

A. Butler

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ROTALT PLUS AULO SOIRS  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:
Abodaziz Mabusi Name of Person
Firm/Company
ASIO W tennessee St Address
Tallahassec FL 3234  City/State and Zip Code
Final address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Abedalaziz NobulSi at (850) SSI-SSA Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status
Mailing Address:  Registration Section  Street Address:  Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Rotalty PMS A	uto soics	2024 DEC -3 PH 12: 21
(Name of the Limited La (A Fl	ability Company as it now appears orida Limited Liability Company)	OF STATE
The Articles of Organization for this Limited Liabili	ty Company were filed on 🔣	118 /ASSEE Estigned
Florida document number <u>L240 Go4 &amp; 6</u>	105.	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company her	<u>e</u> :
TATESCITT AND SOIRS	, LLC	
The new name must be distinguishable and contain the words	"Limited Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicables	<u></u>	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or regist	ered office address on our re-	cords, enter the name of the new registered
agent and/or the new registered office address he		
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
	Enter Florid	la 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

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
			Remove
			□Change
			□Add
			Remove
			Change
	<u>-</u> -		□Add
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<u>lote:</u> If	e date, if other than the date of filing:
record Lis filed	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 d.
ated _	December 3 . 2024.
	Signature of a member or authorized representative of a member
	Abalalaziz Nabuisi Typed or printed name of signce

Filing Fee: \$25.00