

M23000009965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

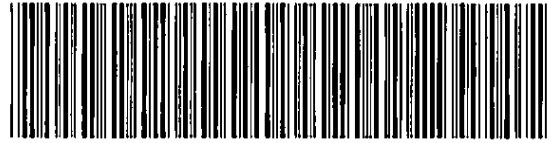
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 SEP -6 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2023 SEP -6 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 971360 8062170

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : September 5, 2023

ORDER TIME : 9:14 AM

ORDER NO. : 971360-005

CUSTOMER NO: 8062170

FOREIGN FILINGS

NAME: ROBERTS NATIONAL LLC

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 7, 2023

CSC

SUBJECT: ROBERTS NATIONAL LLC
Ref. Number: M23000009965

RESUBMIT
Please give original
submission date as file date.

We have received your document for ROBERTS NATIONAL LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. ~~Please complete and return the enclosed blank form(s).~~

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 823A00020544

2023 SEP 15 11:10 AM
TALLAHASSEE, FLORIDA
CORPORATIONS

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: ROBERTS NATIONAL LLC

Enter new principal office address, if applicable: 901 Pennsylvania Ave Ste 3-88
Miami Beach, FL 33139-5431
*(Principal office address
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: 901 Pennsylvania Ave Ste 3-88
Miami Beach, FL 33139-5431
*(Mailing address
MAY BE A POST OFFICE BOX)*

2023 SEP -6 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. The Florida document number of this limited liability company is: M23000009965

3. Jurisdiction of its organization: PA

4. Date authorized to do business in Florida: 08/01/2023

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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
_____, 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.

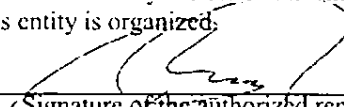
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

James W. Roberts

Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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