# P18000021343

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# **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: RO-BICER FAMILY MANAGEMENT COST  DOCUMENT NUMBER: P180000 21343
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person  Robbick Family Mamy  Firm/ Company  3520 18 AVE SE  Address  MARUS FT 34117  City/ State and Zip Code  Robbick MAMAGEMENT & GMAIL Company  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Manuel Roublet at (Z39) 2900813  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee

# Mailing Address

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

### Street Address

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

### Articles of Amendment

	Articles of Amendment	
	to Articles of Incorporation	FILED
	of	新
POUBICEK F (Name of Co P180000 213	PMILY MANAGE  orporation as currently filed with the Flori	M 200 HOY & 10 8:04
(Name of Co	rporation as currently filed with the Flori	da Dept. of State)
8 18 0000 713	343	SECRETARY OF STATE
	(Document Number of Corporation (if know	vn)
arsuant to the provisions of section 607.1006 Articles of Incorporation:	, Florida Statutes, this <i>Florida Profit Corpor</i>	ation adopts the following amendmen
. If amending name, enter the new name	of the corporation;	
-	r/a	The new
	word "corporation," "company," or "incorpor " "Inc," or "Co". A professional corpor the abbreviation "P.A."	
. Enter new principal office address, if ap Principal office address <u>MUST BE A STRE.</u>		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		990519 FC 34116
. If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Florida, enter	
(Mailing address MAY BE A POST OFF  If amending the registered agent and/or	registered office address in Florida, enter	
(Mailing address MAY BE A POST OFF)  If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Florida, enter	
(Mailing address MAY BE A POST OFF)  If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Florida, enterelistered office address:	

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	PT	John D	<u>oe</u>		
X Remove	<u>v</u>	Mike Je	ones		
X Add	<u>sv</u>	Sally S	mith		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change	SE	<del>-</del>	CARIOS	ROUBLESK	3520 18 AVE SI
Add					MAPLES FZ 34117
Remove					
2) Change		<del></del>			
Add					
Remove Change		<del></del>			
Add					
Remove					
4)Change	<del></del>				
Add					
Remove					
5) Change		_		· · · · · · · · · · · · · · · · · · ·	
Add					
Remove					
6) Change		-			
Add					
Remove					

E. If amending or a	ndding additional Art I sheets, if necessary).	(Re specific)	<u>) here</u> :		
(Attach ugumona	i sneets, ij necessary).	(be specific)			
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F. If an amendmen	t provides for an excl	hange reclassification	n or cancellation a	fissued charac	
provisions for it	mplementing the ame	endment if not conta	ined in the amenda	nent itself:	
(у погарри	cable, indicate N/A)				
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The date of each amendment(s) adoption: date this document was signed.	OCT	28,	2021	, if other than the
Effective date if applicable:	(no more than 90 c	Z <b>S</b> days after at	nendment file	e date)
Note: If the date inserted in this block does not document's effective date on the Department of		ole statutory	filing require	ements, this date will not be listed as the
Adoption of Amendment(s) (CH	ECK ONE)			
☐ The amendment(s) was/were adopted by the action was not required.	incorporators, or bo	ard of direc	tors without s	hareholder action and shareholder
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The rapproval.	number of vo	otes cast for th	ne amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting				
"The number of votes cast for the amer	dment(s) was/were	sufficient fo	or approval	
by			.,,	
(von	ng group)			
Dated GT Z	8,2021			
Signature				
(By a director, presi-				
selected, by an inco appointed fiduciary		nands of a re	cciver, truste	e, or other court
appointed fiduciary	by that fiduciary;			
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f	25 1 Don	<u>1</u>		
	Title of person signi		<del></del>	