Division of Corporations

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Florida Department of State

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Account Number: 072450003255

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ROSETTA COTTAGES, LLC

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J. BRYAN

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EXAMINER

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## ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION ROSETTA COTTAGES, LLC (Name of the Limited Liability Company as it new appears on our seconds.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lie	ability Company were filed on 5/19	/2004 and assigned		
Florida document number 1.040000:18187				
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability company her	<u>e</u> :		
The new name must be distinguishable and end with "L.L.C."	n the words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applies	ble:			
(Principal office address MUST BI: A STREE)	TADDRESS)	· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:				
Mailing address MAY BE A POS!" OFFICE I	<u></u>			
	<del></del>			
B. If amending the registered agent and/or registered agent and/or the new n gistered of		our records, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Acidress:				
	(Enter Florida street address)			
	·	Florida		
	(Ctov)	(Zin Code)		

New Registered Agent's Signature, I changing Registered Agent:

I hereby accept the appointment is 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 608, 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)

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records;

Title	Name	Address	Type of Action
MGRM	G.O.L. HENRIQUES, ESQ	10717 SW 104TH STREET	ne Add
	· · · · · · · · · · · · · · · · · · ·	MIAMI, FL, 33176	Remove
		W. C	<b>7 A</b> dd
			Remove
		,	r¶ Add
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			Remove
			Add
			Ramove
			OB WISIONE
			Remove
D. If amendit	ng any other information, enter chang	e(8) here: (Attach additional sheets, if necessary.)	CORFORALIST
			M 8: 26
. —			on 7
·			
			**************************************
Dated AUGUS	T 1ST. 2008		<b>-</b>
	Mile		
~	(	or authorized representative of a member	<del></del>
~	G.C.L. HENRIQUES, ES	Or printed name of signes	<del></del>

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Filling Fee: \$25.00

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MGR = Manager

MGRM = Managing Member