

LO4000038187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

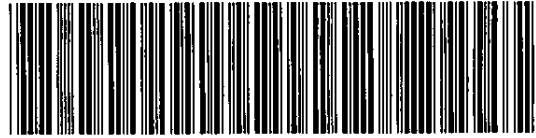
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300295108043

02/03/17--01017--018 **25.00

FEB 06 2017
S. YOUNG

FILED STATE
SECRETARY OF FLORIDA
FALLMIZ STEELETORIDA
17 FEB -3 PM 3:02

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROSETTA COTTAGES, LLC

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:

G.O.L. HENRIQUES, ESQ.

Name of Person

HENRIQUES LAW + MEDIATION GROUP, P.A.

Firm/Company

10717 SW 104TH STREET

Address

MIAMI, FL 33176

City/State and Zip Code

BRAGD@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GOL HENRIQUES, ESQ.

305 412-8510
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- \$25.00 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 (additional copy is enclosed)

MAILING ADDRESS:
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

17 FEB -3 PM 3:02
STATE
SECRETARY OF FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ROSETTA COTTAGES, 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 5/9/2004 and assigned
Florida document number L04000038187.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

OCHYRIOS PROPERTIES, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

10717 SW 104TH STREET

MIAMI, FL 33176

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10717 SW 104TH STREET

MIAMI, FL 33176

RECEIVED
STATE OF FLORIDA
17 FEB - 9 PM 3:02

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: GOL HENRIQUES, ESQ.

New Registered Office Address: 10717 SW 104TH STREET

Enter Florida street address

MIAMI

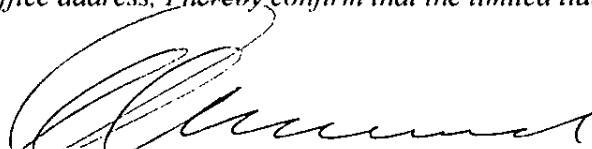
Florida 33176

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 FEB - 3 PM 3:12
SUN. REL. DIV. OF STATE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

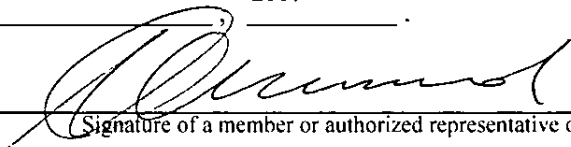
Blank lined area for amendments, crossed out with a large X.

17 FEB -3 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 1/31/2017 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207(3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated February 2nd, 2017


Signature of a member or authorized representative of a member

G.O.L. HENRIQUES, ESQ.

Typed or printed name of signee