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## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: Rose and Geist Investigative Services, 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:						
Matthew Rose Name of Person						
Rose and Geist Investigative Services Firm/Company						
1355 Venezia court + 403 Address						
Champions Gate PL 33896 City/State and Zip Code						
5 mrose @ Comcast.net  E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Matthew Rose at (407) 508-0096  Name of Person at (407) 508-0096  Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status}\$ \$55.00 Filing Fee \$\text{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

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

FILED

Rose & Geist Inves	tigative	Service		4 PM 12: 09
(Name of the Limited Liability)	Company as it now imited Liability Co	v annears on	<u>our records.)</u> i 🚓	RY OF STATE SEE, FLORIDA
The Articles of Organization for this Limited Liability Co	ompany were filed	1 on 9/1	7/2012	
Florida document number <u>L\200055670</u>			•	·
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability comp	any here:		
Rose International Protection The new name must be distinguishable and end with the word "L.L.C."	3 Truces ds "Limited Liabilit	tigation	the designation "L	LC" or the abbreviatio
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRI	ESS)			
				<del></del>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
			40.	
B. If amending the registered agent and/or registered agent and/or the new registered office addr		ess on our i	records, <u>enter tl</u>	ne name of the new
Name of New Registered Agent:	<del></del>			
New Registered Office Address:				
	Enter Florida street address			
<del></del>	City		, Florida	Zip Code
New Registered Agent's Signature, if changing Registered	•			Zip Code

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 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

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:

MGR = Manager

<u>Title</u>	Managing Member <u>Name</u>	Address	Type of Action
<u>UP</u>	Todd Geist	8300 Portofino dr. # 303 Champions Gate, FL 33896	Add Remove
MGR	Todd Geist	1226 Golden Canna Cane Celebration, FL 34747	Add Remove
			Add Remove
			Add Remove
			Add Remove
<u></u>			Add Remove
D. If amen	nding any other information, enter	change(s) here: (Attach additional sheets, if necessar	v.)
		DHAS STEET	FILED SEP 24 PH 12: 09
Dated	· _	2012	De W
	Matthew Rose	nember or authorized representative of a member  Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00