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APR 19 2017 S. YOUNG SECRETARY OF STATE
TALL'AHASSEE FLORIDA
TALL'AHASSEE FLORIDA

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	13 Rose' LLC Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Brit	tani Reeves Name of Person		
		Firm/Company		
	3714	<u>Address</u>	5+	TALES SEC
	Tan		Colo_	T APR 18 PM 4: 28
	E-mail address: (1	o be used for future annual report notifi	cation)	8 PH 4
For further information c	oncerning this matter, please ca	ili:		28
Britani D	LEVES f Person	at (2727) 218 - Area Code Daytime	9952	
Enclosed is a check for the	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

13 Rose' LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number \(\bigcup \) \(\bigcu	were filed on 41017 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil		
Enter new principal offices address, if applicable:	11300 Locoth St. North	
(Principal office address MUST BE A STREET ADDRESS)	#203	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Largo, FI 33773 FORMANIA SCREEN FLORE	
B. If amending the registered agent and/or registered off 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

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 = Au	thorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Margus Johnson	3714 e Ellicot St Tampa F133610	Add
	·	Tampa F133610	Remove
			Change
			☐ Remove
			□ Change
			Add APR & PA 4: 28
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Note:	ive date, if other than the date of filing:	
he red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of:
Dated	Signature of a member or authorized representative of a member	
	signature of audionized representative of a mention	

Page 3 of 3

Filing Fee: \$25.00