## 10200006310

(Requi	estor's Name)	
(**-4-	,	
(Addre	ess)	
•		
(Addre	ess)	
(City/S	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Nar	ne)
(Docui	ment Number)	
Control Control	0 - 1/6 1 -	- 101-1
Certified Copies	Certificates	s of Status
ſ		· · · · · · · · · · · · · · · · · · ·
Special Instructions to Fili	ng Officer:	
	•	·

Office Use Only



800133300088

07/23/08--01030--004 \*\*30.00

OB JUL 23 MM ID: 32 SEPTIL LIST OF STATE SEPTIL LIST PLOAIDA

M. THOMAS

JUL 2 4 2008

**EXAMINER** 

## **COVER LETTER**

1 <b>'</b> 0:	Registration Sec Division of Corp				8*
SUBJE	<b>CT</b> :	Rose Clu	oning Service ited Liability Company)	, LLC.	
The enc	losed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please r	eturn all correspor	ndence concerning this matter	to the following:		
		Mou	(Name of Person)		
		18603 E	(Firm/Company)  CKOND CT ( (Address)  (Cily/State and Zip Code)	East 3414	108 JUL 23 IM 10: 32 THE CHARGE PLONIES
For furt	her information co	ncerning this matter, please con Ramos (Person)	all:  at (50) 340-6 (Area Code & Daytime To	3932 elephone Number)	
Enclose	d is a check for the	e following amount:			
\$25.0	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 e	
	MATER	NC ADDDESS.	VSTDEET/COUDIED	ADDESC.	•

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**

Rose Clanin Name of the Limited Liability Compan (A Florida Limited Lia	
The Articles of Organization for this Limited Liability Company v	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and end with the words "Limite "L.L.C."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	13833 Wellington Trans EVENINGTON Florida 3321149
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	#WWW.BLANURISHOP + CARE E45 Wellington, Florida 334114
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here	
Name of New Registered Agent:  New Registered Office Address:  WOIL	RISO Ramos  3 Buckland CT East  (Enter Florida street address)  19401 Florida 33414
Na Paris and a street of the standard and a street of the standard and the standard and the standard and the st	(CHy) (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

MGRM = I	Managing Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Rose Silvestre	13677 Forkstone Crt. Wellington, FL 33414	Add Remove
MGR	AL Silvestre	13833 Wellingto Trace Wellingto, FL 33-114	Add Remove
			Add The Remove
			Add Remove
			Add Remove
		**************************************	Add Remove
D. If amen	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	1
	Change of our	ership from	<del></del>
	Rose Silvestre	to Al Silventre	
Dated	7-18-08	<del></del>	<del></del>
<u> </u>	$GO \leq$	There	
	Signature of a member	or authorized representative of a member	
	Typed	or printed name of signee	-

Page 2 of 2

Filing Fee: \$25.00