1040000 56785

(i	Requestor's Name)
(/	Address)
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C. GOLDEN 0CT - 3 2020

COVER LETTER

TO: Registration S Division of Co			
	FAX APPAL LLC		
50000C1:	Name of Lin	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	BRITT J ROSEN		
		Name of Person	
	ROSEN TAX APPEAL 2	-60	
		Firm/Company	
	ROSEN TAX APPEAL	UC	
		Address	
	4250 SALZEDO ST, \$ 70	4W. CORAL GABLES FL 33146	
		City/State and Zip Code	
	BRITT@ROSENTAXAPP		
	E-mail address: (to be used for future annual report notification	1)
For further information	concerning this matter, please co	all:	
BRITT J ROSEN		305 663-7334 Of	
Name	of Person	Area Code Daytime Telep	hone Number
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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration Division of 0		Registration Section	ong
P.O. Box 633		Division of Corporati The Centre of Tallaha	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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



2020:1:18 AHH:42

ROSEN TAX APPEAL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(11 Torial Immed	istativity company
The Articles of Organization for this Limited Liability Company Florida document numberL04000056785	were filed on and assigne
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4250 SALZEDO ST, 704W
Principal office address MUST BE A STREET ADDRESS)	CORAL GABLES FL 33146
Enter new mailing address, if applicable:	4250 SALZEDO ST, 704W
Mailing address MAY BE A POST OFFICE BOX)	CORAL GABLES FL 33146
 If amending the registered agent and/or registered office agent and/or the new registered office address here: 	address on our records, enter the name of the new reg
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	• , Florida
	City 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 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>	Address	Type of Action
			□Add
			□Remove
			☐ Change
		···	□Add
			□Remove
			□ Change
			□Remove
			□Change
			□ Add
			□Remove
			□Change
,			
			□Remove
			□Change
			□Add
			□Remove
			Change

Page 2 of 3

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ffective date, if other than the an effective date is listed, the date in this ocument's effective date on the	ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Problem does not meet the applicable statutory filing requirements, this date will	ursuant to 605.0207 Il not be listed as
e record specifies a delay The 90th day after the re	ed effective date, but not an effective time, at 12:01 a.m. on ecord is filed.	the earlier of
ated	2020	
	Lud A.	
	Signature of a member or authorized representative of a member	<u> </u>

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Filing Fee: \$25.00