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COVER LETTER

TO:	Registration Division of C			
SUBJE	CT:	Ros	emont, LLC	•
50242		Name of Lim	ited Liability Company	-
The en	closed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please	return all corres	pondence concerning this matte	to the following:	
	Debbie Herron Name of Person			
	Rosemont, LLC Firm/Company			
3570 Coastal hwy				
			Address	
			City/State and Zip Code	
		St E-mail address: (. Augustine, Fl. 32084 to be used for future annual report notifice	ation)
For fur	ther information	concerning this matter, please	call:	
		Debbie Herron		69-2239
	Name	e of Person	Area Code & Daytime	l elephone Number
Enclose	ed is a check for	the following amount:		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regi Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 thassee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ros	emont, LLC			
(Name of the Limited Liability C (A Florida Lin	Company as it now app nited Liability Compan	ears on our records.)		
The Articles of Organization for this Limited Liability Cor	npany were filed on _	February 22, 2005	and assig	ned
Florida document number L05000017482	,			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company l	nere:		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Con	npany," the designation "LL	.C" or the ab	breviation
Enter new principal offices address, if applicable:	*** * ********************************			
(Principal office address MUST BE A STREET ADDRE	(88)			0
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Enter new mailing address, if applicable:			JUN 2	
(Mailing address MAY BE A POST OFFICE BOX)			\times	7 (7
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B. If amending the registered agent and/or register registered agent and/or the new registered office addresses		n our records, enter the	e name of	the new
Name of New Registered Agent:				
New Registered Office Address:		 		
	Enter Florida street address			
<u></u>		, 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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	W. Joel Herron	3570 Coastal Highway	✓ Add Remove
		St. Augustine, Fl. 32084	
			Add
			Remove
			Add
			Remove
			Add Remove
			
			Add Remove
			
<u> </u>		<u> </u>	Add Remove
D. Haman	ling any other information auton	change(s) here: (Attach additional sheets, if necessary.)	_
D. II amen	ing any other information, enter	Change(s) here: (Anach adamonat sneets, if necessary.)	
Dated	July, 25, 2009	·	
	Debbie	Herron	
	Signature of a	member or authorized representative of a member Debbie Herron	
	***************************************	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00