L050000 73772

	(Requestor's Name)
	(Address)
<u> </u>	(Address)
	(City/State/Zip/Phone #)
PICK-UI	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:

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COVER LETTER

Divis	sion of Corp	porations		
		oldings, LLC		
SOBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return a	all correspo	ndence concerning this matter	to the following:	
		Matthew Rothstein		
		**	Name of Person	
		Rothstein Holdings LLC		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		3501 Keyser Ave Apt 19		
		···	Address	
		Hollywood/Florida, 33021		
		retailstl@gmail.com	City/State and Zip Code	
		E-mail address; (to be used for future annual report notil	Teation)
For further int	formation co	oncerning this matter, please ca	all:	
Matthew Roth	hstein		954 980-4856 at ()	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25,00 Fil	ling 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:

200

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

ROTHSTEIN HOLDINGS ELC			
(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our l Liability Company)	ecords.)
The Articles of Organization for this Limited I Florida document number 105000073772	and assigned		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The second secon	1 1		
The new name must be distinguishable and contain the Enter new principal offices address, if appli		ity Company," the designation 3501 Keyser Ave Apt 19	, 13
(Principal office address MUST BE A STREET ADDRESS)		Hollywood, FL 33021	2
Enter new mailing address, if applicable:		3501 Keyser Ave Apt 19	PH 12: 19
(Mailing address MAY BE A POST OFFICE BOX)		Hollywood, FL 33021	70 0
B. If amending the registered agent and registered agent and/or the new registered of			cords, enter the name of the nev
Name of New Registered Agent:	Matthew Roths	tein	
New Registered Office Address:	3501 Keyser A	<u> </u>	
		Enter Florida street (address .
	Hollywood		_, Florida <u>33021</u>
		Citr	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

ff 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
MGRM	MATTHEW ROTHSTEIN	3501 KEYSER AVE APT 19	■ Add
		HOLLYWOOD, FL 33021	☐ Remove
			☐ Change
			Remove
			□ Change
			☐ Remove
			□ Change
			☐ Remove
			☐ Change
			□ Add
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		-	Change
			Add
			□ Remove

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Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	July 8 . 2019.
Dated	6 01

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00