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EXAMINER

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COVER LETTER

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Co	rporations		·		
SUBJECT:	Rosa C	Cha USA, LLC			
	Name of Limi	ted Liability Company			
		•			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	J	ulio C. Barbosa, Esq.			
		Name of Person			
	Abadin Cook				
		Firm/Company			
	9155 South	Dadeland Boulevard, Si	uite 1208		
		Address			
		Miami, FL 33156			
		City/State and Zip Code			
	jbarbosa@abadincook.com E-mail address: (to be used for future annual report notification)				
Day Cardian in Commentary			noimeación)		
For further information	concerning this matter, please of	call:			
Van	essa M. Fortun	at (670-4777 x2241		
Name	of Person	Area Code & Da	ytime Telephone 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 encl	Section 1 Section 2 Sectio		
MAII	LING ADDRESS:	STREET/CO	URIER ADDRESS:		

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rosa Cha U	ISA, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appear ability Company)	rs on our records.)	
(**************************************	,		
The Articles of Organization for this Limited Liability Company v	vere filed on	5/18/06	and assigned
Florida document number L06000051561 .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company her	<u>re</u> :	
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Compa	nny," the designation "l	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offi		our records, enter	he name of the new
registered agent and/or the new registered office address here:	1		
Name of New Registered Agent:			99 J
New Registered Office Address:			
	En	ter Florida street add	Treum 2 III
	City	, Florida	ZECOLO O
New Registered Agent's Signature, if changing Registered Agent:		•	₩ 29

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 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 = Managing Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR.	Robson D Rosa Amorim	Rua Do Rocio, 2880-V. Olimpia Sao Paulo, SP 04552	Add Remove
MGR.	Ronaldo Mattos	Rua Do Rocio, 2880-V. Olimpia Sao Paulo, SP 04552	✓ Add ☐ Remove
· ————————————————————————————————————	· · · · · · · · · · · · · · · · · · ·		Add Remove
			AddRemove
	,		Add Remove
			Add Remove
D. If amen	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessar	y.)
			,
 Dated		2009	99 JUL SECRE
	ار ا	ber or authorized representative of a member	FILED JUL 30 PH 2: 29 PRETARY OF STATE AHASSEE FLORIDA
	199	ed or printed name of signee Page 2 of 2	29 ATE NIDA

Filing Fee: \$25.00