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T. CLINE

SEP - 5 2008

**EXAMINER** 

## **COVER LETTER**

Division of Corporati	ons				
SUBJECT: THE	ROSEM (Name of Lim	INE GROOP ited Liability Company)	LLC		
The england Addison Channe	1	min I for filling			
The enclosed Articles of Amend	iment and fee(s) are suo	mitted for filling.			
Please return all correspondence	concerning this matter	to the following:			
	PATR	Pici A VIETO (Name of Person)			
	Ros	EHINE GROUP (Firm/Company)	<u>uc</u> _		
	7755	5 NW 53RD ST (Address)			
	$\sim$	(Address)	166		
		(City/State and Zip Code)	,	FS B	
For further information concern	ing this matter, please c	ali:			1 Pro
PATRICIA /	ViETO	at (305) 599.995 (Area Code & Daytime To	55		i madan
(Name of Perso	11)	(Area Code & Daytine 19	eicphone Number)	M 10: 41	. 10.75
Enclosed is a check for the folio	wing amount:			4	
\$25.00 Filing Fee	30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	of Status &	ed)

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

THE ROSEMIN	E GROUP LLC	
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on ( a Limited Liability Company)	our records.)
`		1
The Articles of Organization for this Limited Liability	Company were filed on	28 2008 and assigned
Florida document number <u>L08006669890</u>	•	•
	<del></del>	
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the lin	mited liability company here:	
ROSEMINE		be designed on 60 T CV2 on the abbreviation
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company, t	ne designation LLC, or the aboreviation
		全部 名 一門
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	
		TO IN SEC.
		58 <b>a</b> P
Patanana and an address of a maliant las		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg		ecords, enter the name of the new
registered agent and/or the new registered office ad	idress nere:	
Name of New Registered Agent:		
New Registered Office Address:		
THOM REGISTERS STATES TRANSPORT	(Enter I	Florida street address)
		Discision
<del></del>	(City)	, Florida (Zip Code)
	(=2)	( 1 /

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action** , Title **Address Name** PATRICIA NIETO \_ Add Remove MGRM Ricardo J. Delgado ☐ Add Remove 🗖 Add Remove Add Remove Remove \_\_ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member ATRICIA Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00