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SECRETARY OF STATE
AND ASSET FLORIDA

B. BOSTICK
AUG 1 5 2012
EXAMINER

COVER LETTER

	f Corporations					
SUBJECT: R	ssman /	Association Name of Limit	on Manageme ted Liability.Company	nt LI	energe son NA 16	i day in Io also call grown
					ngo Yang Ranggan	A. 精彩 5
The enclosed Article	es of Amendment	and fee(s) are sub	omitted for filing.		The second	n
Please return all cor	respondence conc	erning this matter	to the following:			
	/	<u> Yichelle</u>	Rossman Name of Person			
		Rossman	Insurance Firm/Company	Services		
		1104 SE	46th Lane #	‡ 4		
		•	City/State and Zip Code	4	SECF TALLA	12 A
4	ne province in the second	Mrossina E-mail address: (1	m @ rossmanr	ealty. Co	CRETARY LAHASSEE	<u>ह</u> <u>ग</u>
For further informat	• •		all:	·	RY OF STAI SEE, FLOR	13 AH 10: 5
N:	ame of Person		at (<u>239) 54)</u> Area Code &	2-2084 Daytime Telepho	one Number OF	57
Enclosed is a check	for the following	amount:				
\$25.00 Filing Fe		Filing Fee & ficate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en		\$60.00 Filing Fee Certificate of St Certified Copy (additional copy	atus &
R D P.	IAILING ADDRI egistration Section ivision of Corpora O. Box 6327 allahassee, FL 323	n itions	Registration Division of Clifton Bui	Corporations Iding Itive Center Cir		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rossman Associati	on Managemen	t.LLC
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	<u>r records.</u>)
The Articles of Organization for this Limited Liability Compan	y were filed on	2008 and assigned
Florida document number <u>Lo80000/32/4</u>	/ /	
Γhis amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Rossman Insurance Seri The new name must be distinguishable and end with the words "Lin	ices, LLC	
The new name must be distinguishable and end with the words "Lin'L.L.C."		
Enter new principal offices address, if applicable:	1104 SE 4	6th Lane #4 1 FL 33904
(Principal office address MUST BE A STREET ADDRESS)	Cape Cora	FL 33904
	,	EA B m
Enter new mailing address, if applicable:	(same)	3 =
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered		ords, enter The name of the new
registered agent and/or the new registered office address he	e <u>re</u> :	•
N 6N 5 11 14		
Name of New Registered Agent:		
New Registered Office Address:	T EL.	
	Enter Floi	rida street address
	City	_, 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 = Mai	naging Member		
Title	<u>Name</u>	Address	Type of Action
<u>MG-RM</u>	Dennis Rossman	9326 Palm Island Circle N. Ft. Myers, FL 33903	Add Remove
MGRM	Donal Dowling	1104 SE 46th Lane #2 Cape Cotal, FL 33904	_U Add ☐ Remove
MGRM	Michelle Rossman	1207 NW 18th St. Cape Coral, FL 33993	□ Add □ Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Dated	Dennis Ros	authorized representative of a member Sman r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00