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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

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• TO: * Registration Section Division of Corporations

SUBJECT:	Rossman	Insue	ince Service	s LLC
	Nam	ne of Limited Lia	bility Company	
	L0800001	13214		
The enclosed Artic	cles of Amendment and fee(s)	are submitted	for filing.	
Please return all co	orrespondence concerning this	s matter to the f	following:	
		1053ma 1104 S	Rossman Name of Person M. Insuranc Firm/Company E. 46 th Lane Address Coral, FL 3 State and Zip Code	e Sucs. #2
		T City	State and Zip Code	1000 11 11 1150
	E-mail a	dennis iddress: (to be us	@ rossinami ed for future annual report n	otification)
For further inform	nation concerning this matter,			
	Michelle Ross	man_	at (<u>239</u>) <u>841</u> - Area Code Day	1829 time Telephone Number
Enclosed is a chec	ck for the following amount:			
See el	Fee S30.00 Filing Fe Certificate of S Y paid notosed letter		S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registra Divisio P.O. Bo	Address: ation Section in of Corporations ox 6327 issee, FL 32314		Street Address: Registration : Division of C The Centre o 2415 N. Mon Tallahassee,	Section Corporations f Tallahassee Froe Street, Suite 810



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FLORIDA DEPARTMENT OF STATE

Division of Corporations

SECR

TALLANDER FL

March 25, 2022

MICHELLE ROSSMAN 1104 SE 46TH LANE SUITE 2 CAPE CORAL, FL 33904

SUBJECT: ROSSMAN INSURANCE SERVICES, LLC

Ref. Number: L08000013214

We have received your document for ROSSMAN INSURANCE SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The last page is missing. - Last page now enclose of (Sorry.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 522A00007057

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

RDSSman In Suran (Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)	and assigned/
The Articles of Organization for this Limited Liability Company Florida document number <u>Losooo/3214</u> .	were filed on $\frac{2/6/2008}{}$	and assigned
This amendment is submitted to amend the following:		
A. It amending name, enter the new name of the limited liabi	ility company here:	
Rossman Association Manual The new name must be distinguishable and contain the words "Limited Liabil	1agement LLC ity Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1104 SE 46th Lane, Cape Coral, FL 339	Ste. 2 104
Enter new mailing address, if applicable:	Same	
Mailing address MAY BE A POST OFFICE BOX)	·	
3. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, enter the nam	ie of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, 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 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

If 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>	Name	Address	Type of Action
MGR	Jared Chilson	_1050 Lovely Way	DZAdd
		N. Ft. Myers, FL 335	
			□Change
AMBR	Dennis Rossman	9326 Palm Island Circle	□Add
1		N. Ft. Meyers, FL 33903	□Remove
			🗹 Change
AMBR 1	Michelle Rossman	1104 SE 46th Lane #2	🗖 Add
1		1104 SE 46th Lane #2 7 Cape Coral, FL 33904	Z □Remove
			@Change
			🗆 Add
			□Remove
			□Change
		<u> </u>	🗀 Add
			□Remove
			🗆 Change
		·	🗆 Add
			□Remove
			□Change

Note: If th	late, if other than the date of filing:
ne record spord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	<u>Agril 8</u> . 2022.
	Signature of a frember or authorized representative of a member
	F. Michelle Rossman Typed or printed name of signee