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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Rosas Cast Stone LLC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARSARITO ROSAS Name of Person
Rosas Cast Stone LLC Firm/Company
714 Maura La Blud. Address
SARASCHA, FL 3424/ City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marco Ar. + A R. SAS at (941) 256-5518 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Solution Sta

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

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RUSAS CAST S	Stone LLC	
(Name of the Limited) (A	Stine CC C Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	ility Company were filed on 9/18/2007	and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
	istered office address on our records, enter the na	ime of the new registered
agent and/or the new registered office address h	<u>nere</u> :	نيز
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 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
n <u>brm</u>	Aide Ruiz	7104 MALMA COA Blow	Add
		SARASILA, FL 34241	□Remove
			□Change
nerm	MARMARITO RUSAS	7104 MANNA L.A 31v	<u>}</u> □Add
		SAMASita, FL 34241	□Remove
			Change
			□Add
			□Remove
			□Change
		 	□Add
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		-	□Remove
			□Change
			□Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Tec	ive date, if other than the date of filing:(optional)
ın ef	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207
DIE.	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
eco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
1S II	lcd.
ited	-An-ared 26 2021
	Mardiar Ila Rasas Mardiar Ila Rasas Signature of a member or authorized representative of a member Maraga a Lo Rosas Typed or printed name of signee
	Mardarilakasas
	Signature of a member or authorized representative of a member
	\sim \sim \sim
	MARQARITU KUSAS