

LO8000042691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

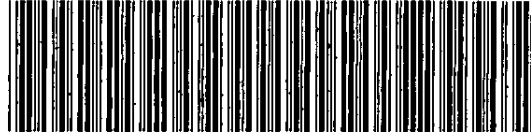
LO8-42691

(Document Number)

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08 JUN 20 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JUN 20 2008

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Rosemary Creator 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:

Rosemary Penland  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

1005 N. 17TH AVE  
(Address)

Hollywood FL 33020  
(City/State and Zip Code)

For further information concerning this matter, please call:

Rosemary Penland at 854, 734-0943  
(Name of Person) (Area Code & Daytime 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 enclosed)    ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 16, 2008

ROSEMARY PENLAND  
1005 N. 17TH AVENUE  
HOLLYWOOD, FL 33020

SUBJECT: ROSEMARY PENLAND LLC  
Ref. Number: W08000029068

We have received your document for ROSEMARY PENLAND LLC and your check(s) totaling \$30.00. However, the document has not been filed and is being retained in this office for the following:

Missing page (2) of the document. I am enclosing the form.

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) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 308A00036666

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

**FILED**

08 JUN 20 PM 3: 59

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Rosemary Reditor LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 29 and assigned  
Florida document number 11-3841912

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Rosemary Penland LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

1005 N. 17th Ave  
Hollywood, FL 33020

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Rosemary Penland

New Registered Office Address:

1005 N. 17th Ave

(Enter Florida street address)

Hollywood, Florida 33020  
(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.

[Signature]  
(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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

08 JUN 20 PM 4: 00  
SECRETARY OF STATE  
TREASURER  
FLORIDA

FILED

Dated \_\_\_\_\_

Signature of a member or authorized representative of a member

Typed or printed name of signee