

L090000 19298

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan SEP 11 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rosas Enterprises, 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:

Monica Rosas

Name of Person

Rosas Enterprises, LLC

Firm/Company

10060 NW 9 St. Cir., #5

Address

Miami, FL 33172

City/State and Zip Code

monicarosas03@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monica Rosas

Name of Person

at (786) 250-7541

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION**

Rosas Enterprises, 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 8/18/2009 and assigned
Florida document number L09000079298

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This amendment is submitted to amend the following:

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

n/a

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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:

Juan Rosas

New Registered Office Address:

9 Island Avenue, #1903

Enter Florida street address

Miami Beach

Florida

33139

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.

Juan Rosas
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

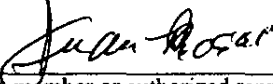
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Juan C Rosas	185 SW 7 Street, #4000	<input type="checkbox"/> Add
		Miami, FL 33130	<input checked="" type="checkbox"/> Remove
MGRM	Monica Rosas	10060 NW 9 St. Cir., #5	<input checked="" type="checkbox"/> Add
		Miami, FL 33172	<input type="checkbox"/> Remove
MGRM	Ileana Rosas	11780 SW 18 St., #103	<input checked="" type="checkbox"/> Add
		Miami, FL 33175	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated

9/3, 2013



Signature of a member or authorized representative of a member

Juan Rosas

Typed or printed name of signee

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Filing Fee: \$25.00

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