## W900087235

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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	•
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Certified Copies Certificates of Status	
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FILEU 2009 SEP 14 MII: 52 SECRETARY OF STATE

M. THOMAS

SEP 1 5 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Rosedale 7 Name of Lim	12, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are su	bmitted for filing.	
Please return all correspon	dence concerning this matte	r to the following:	
	Steve	Rider Name of Person	
	_	Ve 72, LLC Firm/Company	
	P.O. Bc	0X 15166 Address	
	Saras	Ota, FL. 34277 City/State and Zip Code	·
	Ride E-mail address:	TProp@msn.co/	TALL TALL
For further information co	ncerning this matter, please	1. 1. 1.	RETAR ARASS
Steve Name of	Rider	at ( <u>941)</u> <u>926 – 37</u> Area Code & Daytime Telep	SECRETARY OF STATE SECRETARSSEE, FLORIDA SIDO Number
			TATE ORIDI
Enclosed is a check for the	following amount:		<i>&gt;</i>
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registrat	NG ADDRESS: tion Section of Corporations	STREET/COURIER AS Registration Section Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rosedale :			
(Name of the Limited Liability (A Florida Li	Company as it now appe mited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L090008723</u>		9   9   09 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company h	ere:	
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Com	pany," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	<del></del>	TASE TO	
(Principal office address MUST BE A STREET ADDRE	<u></u>	GR CP	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		ED RY OF STATE SSEE, FLORIDA	
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		our records, enter the name of the new	
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 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, 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> **Type of Action** Donald E Rider.

David M. Rider M6RM MGRM **∏** Add Remove ☐ Add Remove Z Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Stephen C. Rider Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00