

210000040940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

C. LEWIS  
SEP 12 2011  
EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Rosesak 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:

Christopher Rorsecrans

Name of Person

Rosesak LLC

Firm/Company

3423 Carriage Lake Dr

Address

Orlando, FL 32828

City/State and Zip Code

contact@glencocleaning.com

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

For further information concerning this matter, please call:

Christopher Rosecrans

Name of Person

at ( 863 )

6604256

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  
OF

FILED

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Rosesak LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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 09/03/2010 and assigned  
Florida document number L10000040940.

This amendment is submitted to amend the following:

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

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:

3564 Avalon Park Blvd. E. Ste 1

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

Orlando, FL 32828

Enter new mailing address, if applicable:

3564 Avalon Park Blvd. E. Ste 1

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

Orlando, FL 32828

**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:

Christopher A. Rosecrans

New Registered Office Address:

3423 Carriage Lake Dr

*Enter Florida street address*

Orlando

, Florida

32828

*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>
MGRM	Glenys Rosecrans	3564 Avalon Park Blvd. E. Ste 1 Orlando, FL 32828	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Christopher Rosecrans	3423 Carriage Lake Dr Orlando, FL 32828	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Christopher Rosecrans	3423 Carriage Lake Dr Orlando, FL 32828	<input type="checkbox"/> Add <input checked="" 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.)

EIN NUMBER - 27-2361087

Dated September 2, 2011

Signature of a member or authorized representative of a member

Christopher A. Rosecrans

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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