# L 0000078496

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(=,
(Document Number)
Certified Copies Certificates of Status
Cassal Instructions to Files Officer
Special Instructions to Filing Officer:





500349439075

500349439075 08/10/20--01004--009 \*\*50.00

12.20 (HO -7 Fr) 3: 522

7470 :·· -7 PH 3: 09

## **CORPORATE**

When you need ACCESS to the world

ACCESS, \_\_\_\_

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### WAIKIN

		'	WALKIN	
	PIC	CK UP:	08/07/2020	
	CERTIFIED COPY			 
x	х рнотосору	<del></del> -		 
	CUS			 
X	x FILING	AMI	ENDMENT	 
1.	ROSSI REALTY HOLI		С	
2.				
3	(CORPORATE NAME AND DOC	UMENT #)		
3.	(CORPORATE NAME AND DOC	UMENT #)		 
4.	(CORPORATE NAME AND DOC	UMENT #)	<del>-</del>	
5.	(CORPORATE NAME AND DOC	UMENT #)		 
5.	(CORPORATE NAME AND DOC	UMENT #)		 
SPECI INSTR	IAL RUCTIONS:			
	_	-		 
		<del>- · · · · · · · · · · · · · · · · · · ·</del>		 

#### **COVER LETTER**

TO: Registration Division of C	Section Corporations		
ROSSI I	REALTY HOLDINGS LLC		
SUBJECT.	Name of Li	mited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	spondence concerning this matte	r to the following:	
	Leslie Alan Rozencwaig,	Esq.	
		Name of Person	
	Rozenewaig & Nadel, LL	.P	
		Firm/Company	
	301 W. Hallandale Beach	Blvd	
		Address	
	Hallandale Beach/ Florida	ı⁄ 33009	
		City/State and Zip Code	
	entities@rnflaw.com		
For further information	concerning this matter, please of	(to be used for future annual report noti	ification)
Leslie Alan Rozencwa		954 455-5100 at ()	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 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)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2770 ft -7 PH 3: 69

#### ROSSI REALTY HOLDINGS LLC

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

	(11 1 torida Dimited	muonny compar	177		
The Articles of Organization for this Limited L		were filed on	07/27/2010	and ass	signed
Florida document number L10000078496	·				
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company	here:		
N/A					
The new name must be distinguishable and contain the w	vords "Limited Liabi	lity Company," th	ne designation "	LLC" or the abbreviation "L.	.L.C.''
Enter new principal offices address, if applic	able:	N/A			
(Principal office address MUST BE A STREE	T ADDRESS)				
Enter new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE	BOX)				
	<del></del>				_
		<del></del>			
B. If amending the registered agent and/or r	egistered office a	ddress on our	r records, en	ter the name of the nev	v register
agent and/or the new registered office addres	ss here:				
	<b>N7</b> 11				
Name of New Registered Agent:	N/A	<del></del>			
New Registered Office Address:					
		Enter F	lorida street ada	dress	
				Florida	
		City	<del></del> ,	FloridaZip Code	
New Registered Agent's Signature, if changing R	Registered Agent:				
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registieng filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing the company has been notified in the company has been notified in the company has been notified in the company has been	er and complete stered agent as p egistered office	performance provided for in	of my duties, Chapter 60	, and I am familiar with 15, F.S. Or, if this docu	h and ment is

If Changing Registered Agent, Signature of New Registered Agent

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
MGR	MATTEO ROSSI	19379 S.W. 64 STREET	🖸 Add
		PEMBROKE PINES, FL 33332	≅Remove
			□ Change
			□Add
			□Remove
		<del></del>	□Change
<del></del>	<del></del>		□Add
		<del></del>	Remove
			Change
<del></del>		<del></del>	□ Add
		•	Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

	N/A
•	
-	
-	
•	
-	
-	
-	
-	
_	
-	
_	
-	
-	
_	
-	
ecti	ve date, if other than the date of filing: (optional)
reffi ter	ective 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 605.02. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
um	ent's effective date on the Department of State's records.
core	d 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
s fil	
ed _	August 6 2020
	$Y_{i}$ $Q_{i}$ $Q_{i}$
	Jertealland Cot
	Signature of a member or authorized representative of a member

Typed or printed name of signee