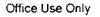
## K11000096008

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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2022 SEP -6 PM 12: 43
SECRETARY OF STATE
TALLAHASSEE, FL

## **COVER LETTER**

	ration Sec on of Corp				٠,		
	ount Rose	Contractors, LLC	. •				
SUBJECT:	<u>.</u>	Name of Lim	ited Liability Company				
The enclosed Ar	rticles of A	Amendment and fee(s) are sub	mitted for filing.				
		idence concerning this matter					
		Daniel Rosenberg					
			Name of Person				
		Mount Rose Contractors, I	LLC				
			Firm/Company				
		801 NE 4th Ave					
		Address					
		Fort Lauderdale, FL 33304	l .				
		Daniel@mrcbuilder.com	City/State and Zip Code				
		E-mail address: (	to be used for future annual rep	ort notification)			
For further infor	mation co	ncerning this matter, please ca	all:				
Daniel Rosenbe	rg		407 516-1				
	Name of	Person	at () Area Code	Daytime Telephone Number			
Enclosed is a ch	eck for the	e following amount:					
■ \$25.00 Filir	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified (	e of Status &		
	g Address		Street Add	ress: on Section			
_	tration S ion of Co	orporations	Division of	of Corporations			
P.O. I	3ox 6327	7	The Centr	e of Tallahassee			

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our imited Liability Company)	records.)
mpany were filed on August 22,	and assigned
ed liability company here:	
ed Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
<u></u>	
	202 SE
	TAL SE
office address on our records,	enter the name of the new register
	\$ 6 \
	PM OF SSE
	PH 12: SSEE,
	FAT FL
Enter Florida street	address
	*** * *
City	, Florida Zip Code
	mpany were filed on August 22,  d liability company here:  d Liability Company," the designation  SSS)  Enter Florida street

## 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 605, 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 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>	Name	Address	Type of Action
MGRM	Dacia Hutson	801 NE 4th Ave	□Add
		Fort Lauderdale, FL 33304	■Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
		<del></del>	□Change
			□Add
		<del> </del>	□ Remove
			Change
			□Add
			□Remove
		<del></del>	□Change
			□Add
			□Remove
			□Change

Effective date, if other than the date of filing:  (optional)  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 99 days after filing.) Pursuant to 60  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lis document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after d is filed.  Dated  September 1  2022	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.  The erecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after d is filed.	
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Ogted September I 2022	y after the
Simplyof	
Signature of a member or authorized representative of a member	

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