

L11000124467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

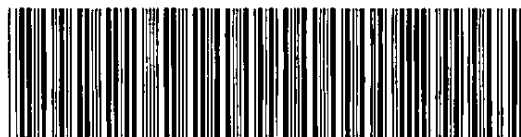
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JUL 11 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROSVAS 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:

Linda Roth, Esq.

Name of Person

LINDA ROTH, P.A.

Firm/Company

2333 Brickell Avenue, Suite A-1

Address

Miami, FL 33129

City/State and Zip Code

GORDON@ARCADIAINTERP.COM

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

For further information concerning this matter, please call:

Linda Roth, Esq.

305 774-7070
at ()

Name of Person

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**

ROSVAS 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 11/1/2011 and assigned
Florida document number L11000124467.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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: _____

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ROSENFELD, MIGUEL	2600 SW 3rd Ave Suite 801	<input type="checkbox"/> Add
		Miami, Fl 33129	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROSENFELD, CLARISSA	2600 SW 3rd Ave Suite 801	<input checked="" type="checkbox"/> Add
		Miami., Fl 33129	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VASALLO, CARLOS	2600 SW 3rd Ave Suite 801	<input checked="" type="checkbox"/> Add
		Miami, Fl 33129	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 JUL - 9 AM 8:49
TALLAHASSEE, FLORIDA

314
TALLAHASSEE, FLORIDA


17 JUL -5 AM 11:49
TALLAHASSEE, FLORIDA

177

(If an effective 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 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Dated June 27, 2017


Signature of member or authorized representative

Signature of a member or authorized representative of a member

CLARISSA ROSENFELD, MANAGER

Typed or printed name of signee