

L 12 000 627471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800250830338

08/19/13--01048--014 **35.00

FILED
13 SEP 16 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2013

MARINUS PIJPERS
866 SPRING PARK LOOP
CELEBRATION, FL 34747

SUBJECT: ROSEBOURNE ENTERPRISES LLC
Ref. Number: L12000027471

We have received your document for ROSEBOURNE ENTERPRISES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 813A00020177

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROSEBOURNE ENTERPRISES 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:

Name of Person
ROSEBOURNE ENTERPRISES LLC
Firm/Company
866 SPRING PARK LOOP
Address
CELEBRATION, FL 34747
City/State and Zip Code
RIEN@FLORIDAHOMEOWNERSDIRECT.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARINUS C. PIPPERS at (407) 414-9098
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

ROSEBOURNE ENTERPRISES 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 2-27-12 and assigned
Florida document number L12000027471.

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:

(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:

MARINUS C PISPERS

New Registered Office Address:

866 SPRING PARK LOOP

Enter Florida street address

CELEBRATION

City

Florida

34747

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:

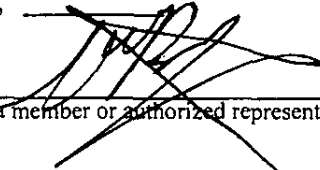
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>NARINUS C. PISPERS</u>	<u>866 SPRING PARK LOOP</u>	<input type="checkbox"/> Add
		<u>CELEBRATION, FL 34747</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>JOHNNY Frost</u>	<u>5571 MARQUESAS CIRCLE</u>	<input type="checkbox"/> Add
		<u>SARASOTA, FL 34233</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>GARY P. NARIS</u>	<u>5571 MARQUESAS CIRCLE</u>	<input type="checkbox"/> Add
		<u>SARASOTA, FL 34233</u>	<input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>ANNEMIERE BROWER</u>	<u>866 SPRING PARK LOOP</u>	<input type="checkbox"/> Add
		<u>CELEBRATION FL 34747</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

13 SEP 1994
STATE OF FLORIDA
TALLAHASSEE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 9/12/13,



Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
13 SEP 16 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA