# Ualloonaa7

•
(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



400242287734

12/17/12--01019--029 \*\*25.00

TALLAHASSEF, FLORIDA TALLAHASSEF, FLORIDA

D. BRUCE
DEC 18 2012
EXAMINER

### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

# CORPORATION ROSEBARA USA 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:

Joseph David Pena

Name of Person

Fowler Rodriguez Valdes-Fauli

Firm/Company

355 Alhambra Circle Suite 801

Address

Coral Gables FL 33134

City/State and Zip Code

dpena@frvf-law.com

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

For further information concerning this matter, please call:

Joseph David Pena

\_*,*786*,*364-8400

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**

## CORPORATION ROSEBARA USA 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 Compar	ny were filed on 05/03/2012	and assigned			
Florida document number L12000029227		<u> </u>			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	ress, if applicable:  BE A POST OFFICE BOX)  registered agent and/or registered office address on our records, enter the name of the new registered office address here:  Enter Florida street address  Enter Florida street address  Enter Florida street address  Enter Florida street address  Enter Florida				
The new name must be distinguishable and end with the words "Lir" L.L.C."	mited Liability Company," the desi	gnation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:		<u> </u>			
(Principal office address MUST BE A STREET ADDRESS)		ಸ್ಥ ಕ			
		=== 2 =================================			
Enter new mailing address, if applicable:		7			
(Mailing address MAY BE A POST OFFICE BOX)		지역 로 방으셨			
	A POST OFFICE BOX)				
	<u> </u>	<del>di</del> 5			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		s, enter the name of the new			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, <b>F</b>	lorida			
<u></u>					
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>				

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>	Address	Type of Action
MGR	Adelino Goncalvez	701 Brickell Avenue	Add
		Suite 1650	Remove
		Miami FL 33131	
			Add
			Remove
			Remove
			12 DFC dd7 PNR2: 47 SECRIFIANY DF MAIE TALLAHASSEE, FLORIBA
			Add
	·		Remove
			Add Remove

If amendir	g any other inform	ation, enter	change(s) here: (	Attach additional sheets	, if necessary.)
			· · · · · · · · · · · · · · · · · · ·		
-			<del> </del>		<del></del>
· 					
				<del></del>	
ted Dec	imber 11	,	2012.		
			05	$\geqslant$	
_	S	gnature of a m	ember of authorize	d representative of a mem	ber
	JC	seph	DAVID	PENA	
_			Typed or printed na	me of signee	

Page 3 of 3

Filing Fee: \$25.00

12 DEC 17 PM 2: 4

APPROVIL