

LI20000038730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

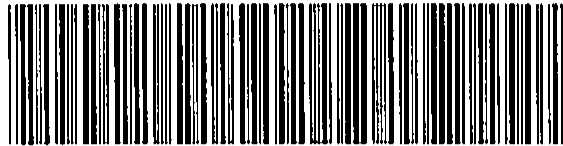
(Document Number)

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FILE
2017 AUG 14 AM 10:37
TALLAHASSEE FLORIDA

AUG 15 2017
J. HARRIS

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: ROSEN REALTY 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:

RAMI ROSEN
Name of Person

Firm/Company

4 COVENTRY WAY
Address

WILTON MANORS FL 33305
City/State and Zip Code

rami@cornerstone-partners.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAMI ROSEN 646 465-1580
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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**

ROSEN REALTY 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 3-19-2012 and assigned
Florida document number 1-12000038730.

This amendment is submitted to amend the following:

1. **If amending name, enter the new name of the limited liability company here:**

CORNERSTONE PARTNERS OF FLORIDA LLC

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

4 COVENTRY WAY

WILTON MANORS FL 33305

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

4 COVENTRY WAY

WILTON MANORS FL 33305

3. **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:

RAMI ROSEN

New Registered Office Address:

4 COVENTRY WAY

Enter Florida street address

WILTON MANORS

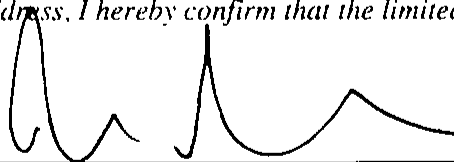
City

Florida 33305

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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE
FLORIDA

FILED

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

2. 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 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

f 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 the record is filed.

Dated

Aug 9th 2017

Signature of a member or authorized representative of a member

RAMI ROSEN

Typed or printed name of signer

STATE OF FLORIDA
TALLAHASSEE

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