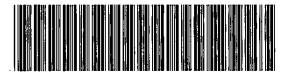
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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Se Division of Cor			
ROSADEL SUBJECT:	, LLC		
SUBJECT:	Name of Lim	nited Liability Company	
	Amendment and fee(s) are sub	-	
Please return all correspo	ndence concerning this matter	to the following:	
	Maria Calderon		
		Name of Person	
	Myron E. Siegel P.A.		
		Firm/Company	
	1920 E. Hallandale Beach	Blvd. Suite 801	
		Address	
	Hallandale Beach, Florida	33009	
		City/State and Zip Code	
	maria@siegelaw.com	(,)	
For further information c	e-man address: (to be used for future annual report notificatell:	2015 OCT SECRETA
Maria Calderon		954 901-1243	CT 2:
Name o	f Person		elephone Number
Enclosed is a check for th	ne following amount:		DE: 00
\$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)
Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 ussee, FL 32314	STREET/COURIEI Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ROSADEL, LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited)	i <mark>nv as it now appears on our re</mark> Liability Company)	ecords.)	
The Articles of Organization for this Limited L Florida document number L12000082112	Liability Company	were filed on <u>06/20/2012</u>	and assig	ned
his amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if applicable:		1920 E. Hallandale Beach	Blvd. Suite #801	
(Principal office address MUST BE A STREET ADDRESS)		Hallandale Beach, FL 330	009	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1920 E. Hallandale Beach Hallandale Beach, FL 330	<u> </u>	77
B. If amending the registered agent and registered agent and/or the new registered o	l/or registered o office address her	ffice address on our rec e:		₩e
Name of New Registered Agent:	Myron E. Sieg	el P.A.		
New Registered Office Address:	1920 E. Hallan	dale Beach Blvd. Suite #801		
	Hallandale Bea	Enter Florida street a ach	ddress . Florida 33009	
		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

FOR MYRON E. SIEGEL P.A.

Page 1 of 3

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>	Address	Type of Action
			Add
			Remove
			Change
			_ □ Add
			□ Remove
			Change
			Add
			Remove
			Change SECRETARY OF STATE Change Change Change
			TARY OF STATE Change
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<u>ote:</u>	ive date, if other than the date of filing: ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90. If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	days after filing.) I	ill not be listed a
	cord specifies a delayed effective date, but not an effective time, at 3 90th day after the record is filed.	12:01 a.m. o	n the earlier o
	October 9 2015		
ated	·		
atcu) : - ///		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00