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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	· · · ·





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Amend

JUN 2 P 2020 I ALBRITTON

COVER LETTER

TO: Registration So Division of Cor	ection Porations		
Rossignol	Delivers LLC		
SUBJECT:			
	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Irene J Rossignol		
		Name of Person	
	Rossignol Delivers LLC		
		Firm/Company	
	4641 41st Ave N		
		Address	
	St Petersburg, Florida 33°		
	rossignoldelivers@yahoo.	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	ail:	
Ray Rossignol	**************************************	727 488-6127	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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 Addres		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	-	The Centre of	
Tallahassee, I			pe Street, Suite 810

Tallahassee, FL 32303



June 17, 2020

IRENE J. ROSSIGNOL 4641 41ST AVE N ST. PETERSBURG, FL 33714

SUBJECT: ROSSIGNOL DELIVERS LLC

Ref. Number: L12000087232

We have received your document for ROSSIGNOL DELIVERS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return 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) 245-6050.

Letter Number: 620A00011994

Irene Albritton Regulatory Specialist II

70% C

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rossignol Delivers LLC			
(Name of the Limi	ted Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited L L1200008723	iability Company were filed on		and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability company here	<u>:</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	gnation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if appli	cable:		- 2
Principal office address MUST BE A STREI	ET ADDRESS)		020
		<u></u>	
			25
Enter new mailing address, if applicable:			37.9
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
			<u> </u>
B. If amending the registered agent and/or agent and/or the new registered office addresses		ords, <u>enter the nam</u>	e of the new regi
Name of New Registered Agent:	Irene J Rossignol		
New Registered Office Address:	4641 41st AVEN Enter Florid 57, Petersburg City	a street address	
	5. Petersburg	, Florida	33714
	City J		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 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>	Address	Type of Action
·			□Add
			□Remove
		*	
			□Remove
			☐ Change
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			m at

_	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
 ·	
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lf an effective da	e, if other than the date of filing:(optional) te 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 ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	fective date on the Department of State's records.
e record specif rd is filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	June 22 . 2020
	June 22 . 2020 Colorge Signature of a member or authorized representative of a member
	Ray mond Rossignee Typed or printed name of signee