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J. SAULSBERRY EXAMINER

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ROSENS + ROSENS + ASSOCIATES 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:
Jocelyn D. Rogers
Rogers + Associates LLC Firm/Company
3000 Clarcona Rd Svite 709
Apopka, Fi 32703  City/State and Zip Code
rogers and rogers realty by Vahoo. Com E-mail address: (W be used for future admual report notification)
For further information concerning this matter, please call:
Jocelyn D. Rogers  at (407) 454-2729  Area Code & Daytime Telephone Number 753
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  \$25.00 Filing Fee & Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee & 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

Rogers + Rogers + 1 (Name of the Limited Liability Co	Associates LL	C	
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on outled Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Comp	pany were filed on <u>NOVEM</u>	Del JU, 2012 and assigned	
Florida document number <u>L 1 2000 147 357</u> .			
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 "L.L.C."	Limited Liability Company," the	designation "LLE" or the abbreviation	
Enter new principal offices address, if applicable:		CAHE TO	
(Principal office address MUST BE A STREET ADDRESS	<u>S)</u>	30 AR ASS	
		THE T	
		ALS ALS	
Enter new mailing address, if applicable:		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ords, enter the name of the new	
Name of New Registered Agent:		<del> </del>	
New Registered Office Address:			
	Enter Flor	Enter Florida street address	
		_, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered A	gent:		
I hereby accept the appointment as registered agent and the provisions of all statutes relative to the proper and a accept the obligations of my position as registered agen	complete performance of my o	duties, and I am familiar with and	

If Changing Registered Agent, Signature of New Registered Agent

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 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> Type of Action **Name** <u>Address</u> 3000 Clarcona Rd # 709 Jocelyn D. Rogers Apapka FL 32703 Remove Remove Remove Remove

lf am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
• -	
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i_/	Wilember 28 2012
•	1 / /
	Spalm D. Kom
	Signature of a member or authorized representative of a member
	Joselin D. Roners
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA