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O. BUTLER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

ROSE'S PLACE 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:



Name of Person

ROSE'S PLACE LLC

Firm/Company

1013 MAIN ST

Address

PALATKA, FL 32177

City/State and Zip Code

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

For further information concerning this matter, please call:

FRANK FLEISCHMAN

_{...}386 328-9098

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

ROSE'S PLACE LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florid	a Limited Liability Company)	70. 7 0
The Articles of Organization for this Limited Liability Florida document number L13000040427	Company were filed on MARCH	18, 2013 and assigned
Florida document number	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	Service Control of the Control of th
		<u> </u>
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or reg	gistered office address on our rec	ords, enter the name of the new
registered agent and/or the new registered office a	ddress here:	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	r, n	-1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	Enter Flor	rida street address
_		_, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registe	ered 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 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 **Type of Action** <u>Title</u> <u>Name</u> **Address CAROLN JONES** 114 CORBETT RD **MGR** PALATKA, FL 32177 Remove Remove Remove Remove Remove

	ing any other information, enter change(s) here: (Attach additional sheets, if nece	
,		
_		
ed	GEORGE T JONES	
	Typed or printed name of signee	
		~
	Page 3 of 3 Filing Fee: \$25.00	13 JUN 19