L13000092512

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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COVER LETTER

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то:	Registration Section Division of Corpora			* * *	gradie Alle
SUBJI	FCT·	Rosent	hal 1907		
30 131	<u></u>	Name of Limi	ited Liability Company		
The en	closed Articles of Amo	endment and fee(s) are sub-	mitted for filing.		
Please	return all corresponde	nce concerning this matter	to the following:		
		Mark S Rose	enthal		
	-		Name of Person		
		Rosenthal 1	907		
	-		Firm/Company		
		3310 West 0	Cypress Stre	et Suite	202
	-		Address	. .	
		Tampa , Flo	rida 33607		
		-	City/State and Zip Code		
	<u> </u>	nfo@msr-manag	ement.com to be used for future annual r	anort notification)	
For fur	ther information conce	erning this matter, please ca		eport nouncation)	
Ма	ırk S Rose	nthal	at (813 ₎ 93	35-9364	
•	Name of Per	son	Area Code	Daytime Telephor	ne Number
Enclos	ed is a check for the fo	llowing amount:			
1 \$2	5.00 Filing Fee 🛚 🕻	330.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$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

Rosenthal 19		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000092512</u>	were filed on 06/27/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and end with the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		14 TAL
Principal office address MUST BE A STREET ADDRESS)		AR S
		ASS
Enter new mailing address, if applicable:		of S
Mailing address MAY BE A POST OFFICE BOX)		
		Α
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		ter the name of the r
New Registered Office Address:	Enter Florida street address	
	, Florida	1
	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

If amending the Managers or Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member · **Address Title** Name 1 **Type of Action** Jason Rosenthal **MGR** 1907 South Bendelow Trail Tampa, Florida 33629 Remove Jennifer Rosenthal 1907 South Bendelow Trail MGR Tampa, Florida 33629 Remove □ Add ☐ Add ☐ Remove _□ Add _□ Remove

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e this document is filed by the Florida	Department of State)	and carrier of more man 70 days and	
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January 15	Department of State)	1	
e this document is filed by the Florida January 15	2014 2014 Mark S Roser	epresentative of a member	
January 15	2014 Mature of a member or authorized re	epresentative of a member	

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Filing Fee: \$25.00