## 13000106111

| (Re                     | questor's Name)  |             |
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| (Cit                    | y/State/Zip/Phon | e #)        |
| PICK-UP                 | ☐ WAIT           | MAIL        |
| (Bu                     | siness Entity Na | me)         |
| (Do                     | cument Number    | )           |
| Certified Copies        | _ Certificate    | s of Status |
| Special Instructions to | Filing Officer:  |             |
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2016 DEC 15 P 4: 54
SECRETARY OF STATE
ALLI AHASSEF FLORIDA

FILED

D. BRUCE DEC 16 2016

## COVER LETTER

| TO: Registration Sec<br>Division of Corp | tion<br>orations   |               |    |  |  |  |  |
|--|--|---------------|----|--|--|--|--|
| ROSMI, LLO                               |  |               |    |  |  |  |  |
| 30200011                                 | Name of Limited Liability Company                                  |               |    |  |  |  |  |
| The enclosed Articles of A               | mendment and fee(s) are submitted for filing.                      |               |    |  |  |  |  |
| Please return all correspon              | dence concerning this matter to the following:                     |               |    |  |  |  |  |
|  | MARY PIERLUISSI  |               |    |  |  |  |  |
|  | Name of Person   |               |    |  |  |  |  |
|  | MPE CONSULTING, CORP   |               |    |  |  |  |  |
|  | Firm/Company   |               |    |  |  |  |  |
|  | 2700 GLADES CIR STE 127  |               |    |  |  |  |  |
|  | Address  |               |    |  |  |  |  |
|  | WESTON, FL 33327   |               |    |  |  |  |  |
|  | City/State and Zip Code  |               |    |  |  |  |  |
|  | maryp@mpeconsulting.net  |               |    |  |  |  |  |
|  | E-mail address: (to be used for future annual report notification) |               |    |  |  |  |  |
| For further information co               | ncerning this matter, please call:                                 | ZŽŽ           | 99 |  |  |  |  |
| MARY PIERLUISSI                          | 754 216.4105<br>at ( )   | HV7<br>3/32/E |    |  |  |  |  |
| Name of                                  |  | AHASSEE,      | 7  |  |  |  |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ROSMI,LLC   |  |   |                        |
|---|--|---|------------------------|
| (Name of the Lim  | ited Liability Com<br>(A Florida Limited | nany as it now appears on our records.)<br>d Liability Company) |                        |
| The Articles of Organization for this Limited I                                       | Liability Compar                         | ny were filed on 07/26/2013                                     | and assigned           |
| Florida document number L13000106111  | ·  |   | -                      |
| This amendment is submitted to amend the fol  | lowing:                                  |   |                        |
| A. If amending name, enter the new name of  | of the limited lia                       | ability company here:   |                        |
| N/A   |  |   |                        |
| The new name must be distinguishable and contain the                                  | words "Limited Lia                       | bility Company," the designation "LLC" or the                   | abbreviation "L.L.C."  |
| Enter new principal offices address, if appli   | cable:                                   | 3131 NE 118TH ST APT 2309, AVE                                  | NTURA, FL 33180        |
| (Principal office address MUST BE A STRE  | ET ADDRESS)                              |   |                        |
| Enter new mailing address, if applicable:   |  | 3131 NE 118TH ST APT 2309, AVE                                  | NTURA, FL 33180        |
| (Mailing address MAY BE A POST OFFICE   | E BOX)                                   |   |                        |
| B. If amending the registered agent and registered agent and/or the new registered of |  |   | ALL SEE name of the ne |
| Name of New Registered Agent:   | N/A                                      |   |                        |
| New Registered Office Address:  | N/A                                      | Enter Florida street address                                    |                        |
|   |  | , Florida   | A E                    |
|   | •  | , Florida _   | 7 in Coda              |

## 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>     | Address                    | Type of Action |
|--------------|-----------------|----------------------------|----------------|
| AMBR         | RUMBEN BARSILAY | 3131 NE 188TH ST APT 2309, | <b>■</b> Add   |
|              |                 | AVENTURA, FL 33180         | Remove         |
|              |                 |                            | ☐ Change       |
|              |                 |                            | Add            |
|              |                 |                            | □ Remove       |
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|              |                 |                            | Add            |
|              |                 |                            | □ Remove       |
|              |                 |                            | ☐ Change       |
|              |                 |                            | Add  TALLAHASS |
|              |                 |                            | ASSEE, FLORIDA |
|              |                 |                            | Change         |
|              |                 |                            |                |
|              |                 | <del> </del>               | □ Remove       |
|              |                 |                            | □ Changa       |

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|                                   |  |                           |                                       |                            |              |             |               | <u>-</u>                     | AE            | <del>- 33</del>            |                       |
|                                   |  |                           |                                       |                            |              |             |               |                              | ASS<br>ASS    | _===                       | K-Marin<br>Elizabe    |
|                                   |  |                           |                                       |                            |              |             |               |                              | <             | . 5                        | Cesson                |
|                                   |  |                           |                                       |                            |              |             |               |                              |               | Ü                          | 711                   |
| ffective                          | date, if oth   | ar than th                | a data of f                           | 11ing: 06/                 | 20/2016      |             |               | (0)                          | otional)      | ë                          | O                     |
| fan effectiv<br><b>Note:</b> If t | ve date is liste<br>the date inse<br>'s effective of | d, the date mated in this | iust be specifi<br>block does i       | c and canno<br>not meet tl | ne applica   | ole statuto | ry filing red | han 90 days a<br>quirements, | fter ftting.) | Pursuant to<br>vill hot be | 605.0207<br>listed as |
|                                   | d specifie:<br>Oth day af                            |                           |                                       |                            | but not      | an effe     | ctive time    | e, at 12:0                   | 1 a.m. o      | n the e                    | arlier of:            |
| Jun<br>Dated                      | ne 20th  |                           |                                       | 20                         | 16           | _ •         |               |                              |               |                            |                       |
|                                   |  |                           | Signature                             | tal a member               | er or author | ized repres | entative of a | member                       |               |                            | _                     |
|                                   | Gustavo Sa   | iravia/ Mar               | J                                     | 1                          |              | p c         |               |                              |               |                            |                       |