# 113000106111

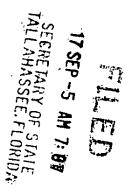
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J SHIVERS

### **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJ	ECT:	ROSMI, LLC	Aliabilia Camana	<del> </del>
		Name of Limit	ed Liability Company	
The en	nclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please	return all correspon	idence concerning this matter to	o the following:	
		Mary	Pierwissi	
		MPE	Name of Person CONSULTING CORP	
		2900 61400	Firm/Company  LS CIT STR 127	
		Weston, FL	Address 3337A	
			City/State and Zip Code	
		E-mail address: (to	be used for future annual report no	tification)
For fu	rther information co	ncerning this matter, please cal		
_M	My Pierwy Name of	Person	at (754) 216	me Telephone Number
	. value of	. 5.1	, wear court	
Enclos	sed is a check for the	e following amount:		
□ \$2	25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

TO:

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

ROSMI, LLC					
(Name of the Limi	ted Liability Co (A Florida Lim	ompany as it now appear ited Liability Company)	s on our records.)		
The Articles of Organization for this Limited L Florida document number L13000106111	iability Comp	pany were filed on $\frac{07}{2}$	26/2013	and assi	gned
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited	liability company he	<u>re</u> :		
N/A					
The new name must be distinguishable and contain the v	vords "Limited I	iability Company," the de	esignation "LLC" or the	e abbreviation "L.L	C."
Enter new principal offices address, if applic	able:	N/A			
(Principal office address MUST BE A STREE	ET ADDRESS	<u> </u>			
			· ·		
Enter new mailing address, if applicable:		N/A		a	
(Mailing address MAY BE A POST OFFICE	BOX)				
B. If amending the registered agent and registered agent and/or the new registered of			our records, ent	er the name of 17 S	f the
Name of New Registered Agent:	N/A				nie gen g F
New Registered Office Address:	N/A		· ·	SET S	al scare
		Enter Flor	ida street address - Florida	0F SI 0F CO	MO
		City	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Zip Cole	-1.55
New Registered Agent's Signature, if changing I	Registered Age	ent:	•••	>	

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, 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>	<u>Address</u>	Type of Action
MBR	RUBEN BARZILAY	3131 NE 188TH ST APT 2309	
		AVENTURA, FL 33180	■ Remove
			☐ Change
MGR	RUBEN BARZILAY	3131 NE 188TH ST APT 2309	Add
		AVENTURA, FL 33180	□ Remove
			Change
			□ Remove
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