L13000106376

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
<u>_</u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Opecial instructions to rining Officer.

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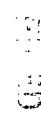
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COVER LETTER

, TO: Registration Section

Div	ision of Cor	porations			
	RROSES L	LC			
SUBJECT:		Name of Limited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		RUDOLPH TINKER			
			Name of Person		
		RROSES LLC			
			Firm/Company		
		16644 66 CT N			
			Address		
		LOXAHATCHEE FL 334	70		
		RROSESLLC@GMAIL.CC	City/State and Zip Code DM		
		E-mail address: (to be used for future annual report notif	ication)	
For further in	nformation c	oncerning this matter, please ca	all:		
RUDOLPH	TINKER		561- 633-6191 at ()_		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a	a check for th	ne following amount:			
\$25.00 F	iling Fee	S30.00 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)	
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURI Registration Sectio Division of Corpor Clifton Building	n	
	Tallaha	issee, FL 32314	2661 Executive Ce	nter Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RROSES LLC				
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited I Florida document number 1.13000106376	Liability Company	y were filed on <u>07/29/2013</u>		and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited lial	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation	n "LLC" or the abbr	
Enter new principal offices address, if appli (Principal office address MUST BE A STRE		N	A.	2019 OCT 21
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>: BOX)</u>	N	A	PH 6: 46
B. If amending the registered agent and registered agent and/or the new registered of	• *		ecords, <u>enter t</u> l	ne name of the n
Name of New Registered Agent:	NA			
New Registered Office Address:	NAS			
		Enter Florida street	address	
		NIA		NA
		Ciţv		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.

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

. Title	Name	Address	Type of Action
MGR	ANTON TINKER	16644 66 CT N LOXAHATCHEE FL 33470	Add
-			■ Remove
			Change
			☐ Add
			☐ Remove
			Change
			Add
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			□ Change

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/	<u>/</u>
	10/1/2019
fective	date, if other than the date of filing: (optional)
ote: If t	re date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocument'	s effective date on the Department of State's records.
rocor	disposition a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of th day after the record is filed.
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ated <u>C</u>	october 16 2019
	Barrel - Kr
	Signature of a member or authorized representative of a member
	Kudalala Tinker
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Filing Fee: \$25.00