L13000120369

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(Cit	y/State/Zip/Phone	e #)
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T. HAMPTON

COVER LETTER

TO: Registration S Division of Co			
ROSAU SUBJECT:	RA CONSTRUCTION L	LC	
Souther.	Name of Lin	ited Liability Company	 -
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	NICHOLAS FANELI	_A	
		Name of Person	
	PROFESSIONAL O	FFICE SERVICES	
		Firm/Company	
	434 TANGLEWOOL	D DR	
		Address	,, ,, ,
	FT WALTON BEAC	H FL 32547	
	NFANELLA@COX.N	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
NICK FANELLA		850 862-\7131	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

ROSAURA CONSTRUCTION LLC (Name of the Limited Liability Comp.

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

The Articles of Organization for this Limited Liability Company were filed on 08/26/2013 and assigned Florida document number L13000120369 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:	
A. If amending name, enter the new name of the limited liability company here:	
ROSAURA CLEANING & CONSTRUCTION LLC	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	-
Enter new principal offices address, if applicable:	-
(Principal office address MUST BE A STREET ADDRESS)	_
	_
TALL	
Enter new mailing address, if applicable:	_
(Mailing address MAY BE A POST OFFICE BOX)	
	-
	•
B. If amending the registered agent and/or registered office address on our records, enter the name of the	new
registered agent and/or the new registered office address here:	
·	
Name of New Registered Agent:	-
New Registered Office Address:	_
Enter Florida street address	
, Florida	_
·	
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 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	

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Mar AMBR = Aut	ager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
	,		□ Add
			□ Remove
			TS Remove
			HAR -2 MH II: 50000 LAH/ISSEE FLORIDA
			□ Add
			<u> </u>
			□ Remove

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•	
	
	(optional) re than 90 days after
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more the date this document is filed by the Florida Department of State) Dated FEBRUARY 26, 2015	(optional) e than 90 days after
Dated FEBRUARY 26, 2015	
the date this document is filed by the Florida Department of State) FEBRUARY 26, 2015	

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Filing Fee: \$25.00

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SECRETARY OF STATE
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