L13000145924

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T. MATTHEWS JUN 20 2022

COVER LETTER

Registration Section Division of Corporations

TO:

	nurgy Acquisitions, LLC					
SUBJECT: Name of Limited Liability Company						
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corres	spondence concerning this matter	to the following:				
	Robert Romagnoli					
		Name of Person				
	Rosemurgy Properties					
		Firm/Company				
	1801 S Federal Hwy					
		Address				
	Boca Raton, Fl 33432					
		City/State and Zip Code				
	rromagnoli@rosemurgypro	-				
	E-mail address: (to be used for future annual report not	ification)			
For further information	concerning this matter, please e	all:				
Alexander Rosemurgy		561 756-1752 at ()				
Nam	e of Person	Area Code Daytin	ne Telephone Number			
Enclosed is a check for	the following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Adda Registration Division of P.O. Box 6 Tallahassee	n Section Corporations 327	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	rporations			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO SECRETARY OF STATE ARTICLES OF ORGANIZATION DIVISION OF CORPORATIONS

OF 22 APR 26 AM 8: 35

Rosemurgy Acquisitions, LLC			
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appe la Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability C Florida document numberL13000145924	Company were filed on _	10/16/2013	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company	here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the	designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	 +		
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our	records, <u>enter the n</u>	ame of the new registere
Name of New Registered Agent:			<u> </u>
New Registered Office Address:			
·	Enter Florida street address		
		, Florida	
	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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Robert Romagnoli	1801 S Federal Hwy Boca Raton, FL 33432	≣ Add
			🗖 Remove
			□ Change
			□Add
			□Remove
		 -	Change
			□ Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□Change
		🗆 Add	
			□Remove
			□Change
			Dadd
		 ,	□Remove
			□ Change

. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
<u>Note:</u> 11 (date, if other than the date of filing:
d is filed.	
ated	4/19/2022
	Clyare Tammy # Signature of a member of authorized representative of a member
	Alexander S Rosenburgy
	Typed or printed name of signee

Filing Fee: \$25.00