

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone

: (305)634-3694

Fax Number

: (305)633-9696

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

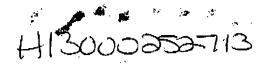
Email.	Address:				
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROSA APARTMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

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## COVER LETTER

Registration Section Division of Corporations

Rosa Apartments, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gryska Sotolongo

Name of Person

Thomas G. Sherman, P.A.

90 Almeria Avenue

Address

Coral Gables, FL 33134

City/State and Zip Code

Gryska@uniontitleservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gryska Sotolongo

at (305) 4485898 ext. 204

Area Code & Daytime Telephone Number

Name of Person

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) □\$60.00 Filing Fee, Cartificate 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 Tallalussee, FL 32301

11/14/5013

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	***************************************	7- \
(Name at the Limited Liability Combined Limited Limited Limited Liability Combined Liabil	Liability Company)	111.)
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number <u>L13000157149</u>		
		お紙 二 三
This amendment is submitted to amend the following:		SSEED.
This amountain is subtificed to amond the torrowing.		
A. If amending name, enter the new name of the limited ligh	dity company here:	
		골글 ∞
The new name must be distinguishable and end with the words "Lim	ited Liability Company," the design	ation "LLC" or the abbreviation
"L.L.C."		
Enter new principal offices address, if applicable:		
• •		
(Principal office address MUST BE A STREET ADDRESS)		
		,
	0404 018( 404th O	1
Enter new mailing address, if applicable:	3481 SW 134th Cour	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33175	
		<del></del>
B. If amending the registered agent and/or registered of	ffice address on our records,	enter the name of the new
registered agent and/or the new registered office address her	<u>'e</u> :	
1		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address,	Enter Florida str	reet address
,		
	, Flor	ridaZip Code
	•	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	L	
I hereby accept the appointment as registered agent and agr	en to est in this commonts. I faut	hau sema to an alicentel.
the provisions of all statutes relative to the proper and comp		
accept the obligations of my position as registered agent as	provided for in Chapter 608, F	S. Or, if this document is
being filed to merely reflect a change in the registered office		
company has been notified in writing of this change.		
If Char	bging Registered Agent, Signature of	New Registered Agent

9696889908 97:21 6102/01/11

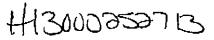
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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MCRM = Managing Member						
Name	Address	Type of Action				
		Add				
		Ramove				
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		SSEE Remover				
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	,	Resilove				
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		Remove				
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		Add				
•		Remove				
	·	<b>'</b>				

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MGR = Manager



lf amending any other information	ı, enter change(5) here: (Attach additional sheets, if necessary	1.)
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	6	
November 14	2013\	
	,	
Signatur	te of a member or authorized representative of a member	
Thomas G. Sherma	an, Esq. 🔝 📐 🗲	
	Typed or printed name of signee	

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Filing Fee: \$25.00

HILED SECRETARY OF STATE