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COVER LETTER

Division of Corporations
SUBJECT: ROZZY Group / C 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:
Luke Johnson Esq.
Suppline State Law PLLC Firm/Company
2150 West First Street #2B
Fort Myers PL 33901 City/Slate and Zip Code UKe e sun shine state law of fice. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Luke Johnson Esa. at (239) 790 - 4477 Name of Person Area Code Daytime Telephone Number Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$ Certified Copy (additional copy is enclosed) \$\Bigcup \$ 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 ARTICLES OF ORGANIZATION

ROZZY Grou (Name of the Limited	D, LC Liability Company Florida Limited Lie	y as it now appears on of ability Company)	our records.)	
The Articles of Organization for this Limited Liab	oility Company w	vere filed on <i>Nove</i> m	ber 20, 2013	_ and assigned
Florida document number <u>L13000163033</u>	<u>}</u> .			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	he limited liabili	ity company here:		
The new name must be distinguishable and end with the wo	rds "Limited Liabili	ity Company." the design	nation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET)	<u>ADDRESS)</u>			<i>G</i> 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered offic	registered offi		records, enter the	SERVINE OF SIME
Name of New Registered Agent: New Registered Office Address:	Sunshine 2150 We	State La	in, PLLC Freet, Suite	2B
tion togicoses office factors.		Enter Florida sti		
	Fort M	lyers City	, Florida <u>3</u>	3901 Zip Code
New Registered Agent's Signature, if changing Reg	gistered 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.

Is Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

MGR = Manager

	uthorizėd Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Garcia Osmel	2348 Ivy Avenue	Add
		Address 2348 Ivy Avenue Fort Myers, FC 33907	Remove
			□ Remove
	 		Add
			Remove
			ASSE D. Remove
			Add
			□ Remove
			☐ Remove
			·

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	to date of receipt or filed date and cannot be more than 90 days after
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