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## **COVER LETTER**

**Registration Section** 

Tallahassee, FL 32314

TO:

Division of Corp	porations	•				
	ROCK & R	OSE GROWERS, LLC+	•			
SUBJECT:	Name of Limi	ted Liability Company				
The enclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.				
Please return all correspo	ndence concerning this matter t	to the following:				
		JOHN P. MAAS, ESQ.				
		Name of Person				
		JOHN P. MAAS, P.A.				
		Firm/Company				
		44 NE 16 STREET				
		Address	-			
	H	OMESTEAD, FL 33030				
		City/State and Zip Code				
		NTPAL@GMAIL.COM to be used for future annual report noti	Continu)			
Confinely wind amortion of			manon)			
	oncerning this matter, please co					
ANGIE ORE		305 247-7132 at ()				
Name o	f Person	Area Code Daytim	e Telephone Number			
Enclosed is a check for th	ne 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 Addres		Street Address:	etion			
Registration S Division of C		Registration Section Division of Corporations				
P.O. Box 632	-	The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROCK & ROSE GROWERS, LLC

( <u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our re orida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liabili Florida document number	ty Company were filed on	. 2014 and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
N/A		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	: <u>N/A</u>	
(Principal office address MUST BE A STREET A		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		SECRETALLA
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our records, <u>e</u> re:	nter the name of the new registered
Name of New Registered Agent: N	/A	FL FL
New Registered Office Address:	Enter Florida street d	nddress
_		_, 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			[]Change
			□Remove
			□Change
			[]Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			[]Change

	ers of Rock a	and Rose Grov	ers, LLC.							_
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f an effective Note: If th	date is listed, t date inserted	than the dat he date must be d in this block e on the Depar	specific and does not me	cannot be pr eet the app	dicable stati	filing or more story filing t	than 90 day	optional) s after filing, s, this date	) Pursuant to 6 will not be li	05.0207 sted as
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	gust 10			2022						
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Dated Au			1/	//	111					

D.

E.

Filing Fee: \$25.00