Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALLEN DELL, P.A. Account Number : I20040000136 : (813)223-5351 Phone Fax Number : (813)229-6682

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROSSLETT ENTERPRISES, LLC

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4/22/2014

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

ROSSLETT ENTERPRISES, 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:

Donna L. Longhouse

Name of Person

Allen Dell P.A.

Firm/Company

202 South Rome Avenue, Suite 100

Address

Tampa, Florida 33606

City/State and Zip Code

tom.ross@bastetbrewpub.com

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

For further information concerning this matter, please call:

Donna L. Longhouse

.813, 223-5351

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

Solution Status \$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

TAS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TT ENTERPRISES, LLC lity Company as it now appears on our records,) la Limited Liability Company)	TIL N APR 22 ECREJAR
The Articles of Organization for this Limited Liability of Florida document number L1400026815	Company were filed on February 17, 2014	and assignation of the state of
This amendment is submitted to amend the following: A. If amending name, enter the new name of the lim	nited liability company here:	DA I
The new name must be distinguishable and end with the words "Li	imited 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 ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		the name of the new
Name of New Registered Agent:		
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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or <u>Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member					
<u>Title</u>	Name	Address Type of Action			
MGR	Thomas E. Ross, IV	15409 Stone Creek Lane ■ Add			
		Tampa, Florida 33613			
MGR	Huston Lett	15409 Stone Creek Lane ■ Add			
		Tampa, Florida 33613			
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D.	If amending any other information, enter ch	ange(s) here: (Attach additional sheets,	if necessary.)
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E,	Effective date, if other than the date of filing (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	e of receipt or filed date and cannot be more than 90	(optional) days after
	Dated April 21	2014	
	Onna LLan	alonse representative of a member	
	Donna L. Longhouse	seques or australises representative of a monthly	
		Typed or printed name of signee	

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Filing Fee: \$25.00

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SECRETARY OF STATE