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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ROSEMON Gardens LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Jessica Rasemont Name of Person
Rosemont Gardens LLC
3416 Raynoldsward Dr.
City/State and Zip Code VESS/ASEMONT (OVERNONT GOVERN), COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vessica Rasemont at (813) 817-4691 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$75.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$85.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$155.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$155.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$155.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$155.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$155.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$155.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$155.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$155.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$155.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$155.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$155.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$155.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$155.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$155.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$155.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$155.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$155.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$155.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \$155.00 Filing Fee, Certified Copy (additional co

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 TO ARTICLES OF ORGANIZATION OF

Rasemont Gardens	LLC			
(Name of the Limited Liability Company as (A Florida Limited Liabili	It now appears on our records.) ty Company)			
The Articles of Organization for this Limited Liability Company were Florida document number <u>L1400080</u> 970	filed on 5/12/2014	, an	nd assign	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	company here:			
The new name must be distinguishable and end with the words "Limited Liability C	Company," the designation "LLC" or the	abbrevia	tion "L.L.	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
				
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter	r the na	ame of	the ne
Name of New Registered Agent:		; '	<u></u>	
		,	 در:	• •
New Registered Office Address:	Enter Florida street address	*	ــــــــــــــــــــــــــــــــــــــ	
	Florida			
	City	Zip	Code	
New Registered Agent's Signature, if changing Registered Agent:			IJŊ , Ŋ	
	, Florida	Zip	175	

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 Authorized Member being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mr.	JasonJorski	7202 BAY CLUS COVRT	SAdd
		TAMPA, FL 33607	□ Remove
<u>Mr.</u>	Todd Rasemont	3416 Reynoldswood Dr. Tampa, FL, 3368	D Add
		Tampa, P. 3368	☐ Remove
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