L14000090938

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SECRETARY OF STATE

T. HAMPTON

COVER LETTER

TO:		istration Sec ision of Corp			
SUBJE	CT.	Rosales /	Art and Desing in Cons	truction, LLC	
SUBJEC	CI.				
			Amendment and fee(s) are sub	_	
Please re	eturn	all correspon	ndence concerning this matter	to the following:	
			Rigoberto Rosales		
				Name of Person	**************************************
			Rosales Art and Des	sing in Construction, LLC	
				Firm/Company	
			124 Ainworth Cir		
				Address	
			Palm Spring. Fl, 334	61	
			rosalesrjalil@gmail.c	City/State and Zip Code	
				to be used for future annual report notif	ication)
For furti	her ir	formation co	oncerning this matter, please ca	ail:	
		Rigot	erto Rosales	305 316 7116	
		Name of	Person	at () Area Code Daytimo	e Telephone Number
Enclose	d is a	check for th	e following amount:		
□ \$25.	.00 F	iling 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)
		MAILI	NG ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT

ARTICLES OF	TO SECRETAR TO TO SECRETAR SECRETAR TO TO TO THE SECRETAR TO TO TO THE SECRETAR TO
Rosales Art and D	Design in Construction
	npany as it now appears on our records.) ed Liability Company)
(A Florida Limit	ed Liability Company)
The Articles of Organization for this Limited Liability Compa	iny were filed on 06/06/2014 assemed
Florida document number L14000090938	>
i forta document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ahility company hara
-	ability Company here.
Rosales Art and Desing, LLC	
The new name must be distinguishable and end with the words "Limited I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	124 Ainworth Cir.
	Palm Spring. Fl, 33461
Enter new mailing address, if applicable:	N/A
• • • •	124 Ainworth Cir.
(Mailing address MAY BE A POST OFFICE BOX)	
	Palm Spring. Fl, 33461
registered agent and/or the new registered office address h	office address on our records, <u>enter the name of the new</u> nere:
Name of New Registered Agent: N/A	
New Registered Office Address:	
rem registered office radices.	Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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 AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
		N/A	□ Add		
			□ Remove		
			□ Add		
			Remove		
			Add		
			Remove		
			Remove SECRETAR OF STATE Remove ALLIAHAS SEE, FLERIDA		
			Remove RATE &		
<u>_</u>			Add		
			□ Remove		
			Add		
			□ Remove		

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A
,	•
(The eff	tive date, if other than the date of filing:
Dated	
	Signature of a member or authorized representative of a member
	Rigoberto Rosales
	Typed or printed name of signee

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Filing Fee: \$25.00

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