

L14000100206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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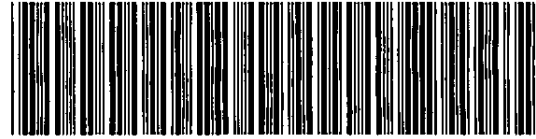
(Business Entity Name)

(Document Number)

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16 SEP 20 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

ROSS INVESTMENTS WEST FLORIDA, LLC

SUBJECT: _____
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:

YEIN ROSS

Name of Person

ROSS INVESTMENTS WEST FLORIDA, LLC

Firm/Company

16900 N BAY RD 509

Address

SUNNY ISLES BEACH, FL 33160

City/State and Zip Code

YEINROSS05@gmail.com

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

For further information concerning this matter, please call:

YEIN ROSS

727 687-5455

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

ROSS INVESTMENTS WEST FLORIDA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/23/2014 and assigned
Florida document number L14000100206

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 contain the words "Limited 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 ADDRESS)

16900 N Bay Rd Apt 509

Sunny Isles Beach, Fl 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

16900 N Bay Rd Apt 509

Sunny Isles Beach, Fl 33160

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

YEIN ROSS

New Registered Office Address:

16900 N BAY ROAD APT 509

Enter Florida street address

SUNNY ISLES BEACH

Florida

City

33160

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ROSS, YEIN	16900 N BAY ROAD 509	☐ Add
		SUNNY ISLES BEACH, FL	☐ Remove
			☒ Change
AMBR	KHAN, SUMMERNA	1217 LEISURE AVENUE	☐ Add
		TAMPA, FL 33613	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
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TALLAHASSEE, FLORIDA

16 SEP 20 AM 7:47
SECRETARY OF STATE
MAIL ASSISTANT ROOM 4

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Dated 09/14, 2016

~~Signature of a member or authorized representative of a member~~

Typed or printed name of signee