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OBRUCE

COVER LETTER

TO:

Registration Section
Division of Corporations

SURIFCT

ROSES ARE BLIND, 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:

Wendy J. White

Name of Person

New Light Productions LLC

Firm/Company

6000 North Ocean Boulevard #14C

Address

Lauderdale by the Sea, FL 33308

City/State and Zip Code

wendywhitelight@hotmail.com

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

For further information concerning this matter, please call:

Wendy J. White

954.829-0638

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

Roses are Blind, LLC			
(<u>Name of the Limited Li</u> (A F	ability Company as it now appears on our records.) orida Limited Liability Company)		
The Articles of Organization for this Limited Liabili Florida document number L14000125342		and ass	igned
This amendment is submitted to amend the following	g:		
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	s "Limited Liability Company," the designation "LLC" or the a	abbreviation "I	L.C."
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET AL	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	0		
registered agent and/or the new registered office	registered office address on our records, <u>enter</u> address <u>here</u> :		
Name of New Registered Agent:		***	
New Registered Office Address:) prima
_	Enter Florida street address , Florida	CF S	
_	City	Zip Code	. <u> </u>
New Registered Agent's Signature, if changing Regis	tered Agent:	- 3500 a	

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

AMBR = Authorized Member <u>Title</u> **Name Address Type of Action** MGR 6000 North Ocean Boulevard, Suite 14C New Light Productions LLC Lauderdale by the Sea, FL 33308 Remove 6000 North Ocean Boulevard, Suite 14C Wendy J. White MGR Lauderdale by the Sea, FL 33308 Remove 6000 North Ocean Boulevard, Suite 14C ___ □ Add Roland Ruocco **AMBR** Lauderdale by the Sea, FL 33308 ☐ Remove

. If	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(The	fective date, if other than the date of filing (optional) e effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after e date this document is filed by the Florida Department of State)
Da	ated August 11 2014.
	Signature of a member or although the presentative of a member
	WENDY J. WHITE Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 AUG 28 PH 4: 36