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## **COVER LETTER**

то:	Registration Se Division of Co	ection rporations							
SUBJEC		BEL NURSERY, LLC							
SOBJEC	-li	Name of Lin	nited Liability Company						
The encl	osed Articles of	Amendment and fee(s) are sul	omitted for filing.						
Please re	turn all correspo	ondence concerning this matter	to the following:						
		ROSSEMBEL GONZAL	EZ						
			Name of Person						
		ROSSEMBEL NURSER,	LLC						
			Firm/Company						
		20032 SW 128TH COUR	τ						
		Address							
		MIAMI, FLORIDA 33177							
			City/State and Zip Code						
		ROSSEMBELLANDSCA	<del>-</del>	<del></del>					
D 0 1			(to be used for future annual report not	ilication)					
For furth	er information c	concerning this matter, please o	zail:						
ROSSEN	MBEL GONZA	LEZ	305 989-0976 at ()						
	Name o	of Person	Area Code Daytin	ne Telephone Number					
Enclosed	is a check for the	he following amount:							
<b>■ \$25.</b> 0	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 Addres Registration S		<u>Street Address:</u> Registration Se	ection					
	Division of C	Corporations	Division of Co						

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROSSEMBEL NURSERY, LLC			
(Name of the Limit	ted Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	<del>"</del>
The Articles of Organization for this Limited L Florida document number L14000155833	iability Company	were filed on 10/06/2014	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	oility company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LEC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	rable:	20032 SW 128TH COURT	
Principal office address MUST BE A STREE		MIAMI, FLORIDA 33177	
Enter new mailing address, if applicable:		20032 SW 128TH COURT	
Mailing address MAY BE A POST OFFICE	BOX)	MIAMI, FLORIDA 33177	
B. If amending the registered agent and/or a agent and/or the new registered office address Name of New Registered Agent:			ame of the new regis
New Registered Office Address:	- 20032 SW 128	Enter Florida street address	
	MIAMI	, Florida	33177 <del></del>
		City	- Vin (99te

## 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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added</u> <u>or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
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lf an effective o <u>Note:</u> If the	ate, if other the date is listed, the date inserted in effective date o	date must be spen in this block do	of filing: ecific and ca es not mee	t the applic	to date of fil able statuto	ing or more t ry filing red	han 90 days	optional) after filing , this date	.) Pursuant to	o 605.0207 ( c listed as I
e record spec	ifies a delayed							f: (b) T	he 90th day	after the
				2022						
	JARY 18TH	<del></del>	· .		<del></del> ·					
rd is filed. JANU Dated	OSSEMBEL O	u hol	 Gom	yola	<del> :</del>					

Filing Fee: \$25.00