

L 14000174230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800267122678

EFFECTIVE DATE
12-12-2014

12/08/14--01007--012 **25.00

FILED
2014 DEC -8 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. GALT
EXAMINER
DEC 16 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROSENMAX INVESTMENTS 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:

RON ROSEN
Name of Person

ROSENMAX INVESTMENTS LLC
Firm/Company

5337 LAKEFRONT BLVD #B
Address

DELRAY BEACH, FL. 33484.
City/State and Zip Code

KAWASAKI75019996YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RON ROSEN at (561) 702-3996
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

EFFECTIVE DATE
12-12-2014

ROSENMAX INVESTMENTS LLC

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

FILED
2014 DEC -8 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on NOVEMBER 10, 2014 and assigned Florida document number L14000174230.

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 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	RON ROSEN	5337 LAKEFRONT BLVD	<input checked="" type="checkbox"/> Add
		#B, DELRAY BEACH, FL	<input type="checkbox"/> Remove
		33484.	
MGR	MAXINE CSARMANN	5337 LAKEFRONT BLVD	<input type="checkbox"/> Add
		#B, DELRAY BEACH, FL	<input checked="" type="checkbox"/> Remove
		33484.	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

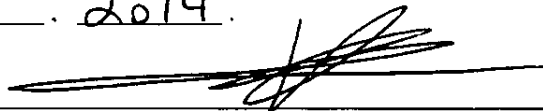
FILED
2014 DEC -8 PM 3:23
CLERK OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: DECEMBER 12, 2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 4 . 2014 .



Signature of a member or authorized representative of a member

Ron ROSEN

Typed or printed name of signee

FILED
2014 DEC -8 PM 3:23
CLERK OF STATE
TALLAHASSEE, FLORIDA