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SEGRETARY OF STATE
MASSEE, FLORIDA

SEP 22 2015 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ROSE OF LIONS 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:
Offiniel L Altidor Name of Person
Rose of Lions LLC Firm/Company
8602 Vixen La
Port Richey FL 34668 S T
E-mail address: (to be used for four earmual report notification)
For further information concerning this matter, please call:
Othniel L Altidoy at 727, 277-0436 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee,
Certificate of Status Certified Copy Certificate of Status & Cadditional copy is enclosed) 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

Kose	of Liona	LLC	
(Name of the Limite	d Liability Company as it now a A Florida Limited Liability Comp	ppears on our records.) any)	
The Articles of Organization for this Limited Liz Florida document number	ability Company were filed o	m 2 3 15	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability compa	ny here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company,"	'the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	· <u> </u>	
(Principal office address MUST BE A STREET	TADDRESS)		- 10 B
			SEP 2
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u> </u>	, , , , , , , , , , , , , , , , ,	7700
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>
B. If amending the registered agent and/oregistered agent and/or the new registered off		ss on our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:	Othniel 1	- Altidor	
New Registered Office Address:	8602 Vixes	1 LN Port R	Pichey Ln 34668
	Port Rich	24, Florida	34668 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 Registeres 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

Address Type of Action Title Name AMBR Rosica Guitand □ Change ☐ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change

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Filing Fee: \$25.00