

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H15000220655 3)))



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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : F & S PROJECTS CORP  
Account Number : I20120000041  
Phone : (954) 482-9681  
Fax Number : (954) 482-8696

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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ROSSEL INN LLC

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To:8506176383

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850-617-6383

9/15/2015 8:53:38 AM PAGE 1/001 Fax Server



September 15, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ROSSEL INN LLC  
1590 SW 190 AVENUE  
PEMBROKE PINES, FL 33029US

SUBJECT: ROSSEL INN LLC  
REF: L15000027210

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

PAGE 3 OF AMENDMENT FORM WITH SIGNATURE NOT RECEIVED

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason  
Regulatory Specialist II

FAX Aud. #: H15000220655  
Letter Number: 515A00019376

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

(H 15000220655 3)

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ROSSEL INN 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:

RAFAEL FERRER

\_\_\_\_\_  
Name of Person

F&S PROJECTS CORP

\_\_\_\_\_  
Firm/Company

1920 N COMMERCE PARKWAY, STE. 1920-3

\_\_\_\_\_  
Address

WESTON, FL. 33326

\_\_\_\_\_  
City/State and Zip Code

CONTACT@FANDSPROJECTS.COM

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

For further information concerning this matter, please call:

RAFAEL FERRER

954

482.9681

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

(H15000220655 3)  
**ARTICLES OF AMENDMENT  
 TO  
 ARTICLES OF ORGANIZATION  
 OF**

ROSSEL INN 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 02/12/2015 and assigned  
 Florida document number L1500027210.

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 "LLC."

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:

F&S PROJECTS CORP

New Registered Office Address:

1920 N COMMERCE PARKWAY, SUITE 1920-3

*Enter Florida street address*

WESTON

Florida

33326

*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

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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>
MGR	CATENA, ARELYS	1590 SW 190TH AV.	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES. 33029	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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• D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

**Effective date, if other than the date of filing.** \_\_\_\_\_ (Optional)  
(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)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated SEPTIEMBRE, 14TH 2015

Signature of a member or authorized representative of a member

ENRIQUE ROSSEL TOMBAZZI

Typed or printed name of signee

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**Filing Fee: \$25.00**

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