

L15000170 161

(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



100336032331

11/04/19--01027--015 **60.00

FILED
2019 NOV -4 AM 9:09
6036 HW

Y 2019

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Rosen Entertainment, 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:

SARA ROSEN
Name of Person

Rosen Entertainment, LLC.
Firm/Company

915 Tyler St.
Address

Hollywood, FL 33019
City/State and Zip Code

SaraRosen888@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sara Rosen at (917) 312-1971
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

Rosen Entertainment 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 October 6, 2015 and assigned Florida document number L15000170161.

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)

915 Tyler St.

Hollywood, FL 33019

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

915 Tyler St.

Hollywood, FL 33019

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 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>
AMBR	Alexandra Niadivi	1401 S. Ocean Dr. Apt 401	<input type="checkbox"/> Add
		Hollywood, FL 33019	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Sara Rosen	915 Tyler St.	<input checked="" type="checkbox"/> Add
		Hollywood, FL 33019	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

I, Alexandranicodivi, had a LEGAL NAME CHANGE to Sara Rosen. I am attaching a copy of the FINAL JUDGMENT FOR CHANGE OF NAME with these documents. Therefore, I need to update my name as AMBR/MGR with the Division of corporations with the State of Florida.

E. 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 November 1, 2019.

A. Nicodivi / S. Rosen
Signature of a member or authorized representative of a member

Alexandra Nicodivi / Sara Rosen
Typed or printed name of signer

IN THE CIRCUIT COURT OF THE SEVENTEENTH JUDICIAL CIRCUIT
IN AND FOR BROWARD COUNTY, FLORIDA

FAMILY DIVISION

CASE NUMBER: FMCE15013445
JUDGE: JOHN PATRICK CONTINI
DIVISION: 44

IN RE: THE NAME CHANGE OF...

ALEXANDRA MONA NICODIVI,

Petitioner.

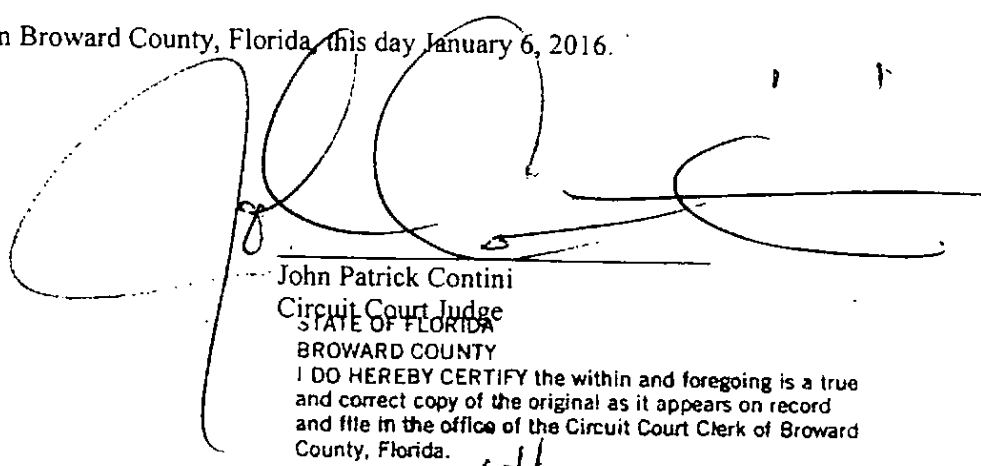
FINAL JUDGMENT FOR CHANGE OF NAME (ADULT)

This cause came before the Court on January 6, 2016, for a hearing on a Petition for Change of Name (Adult) under Florida Statutes § 68.07, and it appearing to the Court that:

1. Petitioner is a bona fide resident of Broward County, Florida;
2. Petitioner's request is not for any ulterior or illegal purpose; and
3. Granting this petition will not in any manner invade the property rights of others, whether partnership, patent, good will, privacy, trademark, or otherwise;

It is hereby ORDERED that Petitioner's present name of ALEXANDRA MONA NICODIVI is changed to SARA ROSEN, by which Petitioner shall hereafter be known.

DONE and ORDERED in Broward County, Florida, this day January 6, 2016.


John Patrick Contini
Circuit Court Judge
STATE OF FLORIDA
BROWARD COUNTY

I DO HEREBY CERTIFY the within and foregoing is a true and correct copy of the original as it appears on record and file in the office of the Circuit Court Clerk of Broward County, Florida.

WITNESS my hand and Official Seal at Fort Lauderdale, Florida, this the 6th day of JAN, 2016
Clerk of the Court