L15000190734

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	· #)
PłCK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

	istration Sec ision of Corp			
SUBJECT:	Rose Accou	unting Services, LLC		
JOBOLICI.		Name of Limi	ited Liability Company	
The enclosed	i Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Rosemarie Kovalik		
			Name of Person	
		Rhodium Accounting Serv	rices, LLC	
			Firm/Company	
		4836 N State Road 7 #305		
			Address	
		Coconut Creek, FL 33073		
			City/State and Zip Code	
		rose@rhodiumaccounting.c		
			to be used for future annual report notifi	cation)
For further i	nformation co	oncerning this matter, please ca	all:	
Rose Koval	ik		954 650-1105 at ()	
	Name of	f Person	at (at Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$ 25.00 I	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

Rose Accounting Services, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our re- Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company lorida document number L15000190734	were filed on 10 November	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
Rhodium Accounting Services, LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	'LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	(no change)	75 CM 885
Principal office address MUST BE A STREET ADDRESS)		
		CO - SERVICE
nter new mailing address, if applicable:	(no change)	3 PH
Mailing address MAY BE A POST OFFICE BOX)		<u>ිල්දී: ස</u> මුල් සි
New Registered Office 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
		·	☐ Remove
			☐ Change
			Add
			☐ Remove
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			□ Change
			Add
			☐ Remove
			Change
			AS S S S S S S S S S S S S S S S S S S
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			Change.
			Add
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	date of filing: be specific and cannot be prior to date ck does not meet the applicable st	of filing or more than 90 daystatutory filing requirement	(optional) s after filing.) Pursuant to 605.020 s, this date will not be listed a
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record specifies a delayed The 90th day after the reco	partment of State's records. effective date, but not an	effective time, at 12:	01 a.m. on the earlier o
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record specifies a delayed The 90th day after the record to the Delayed The South Country of	effective date, but not an ord is filed.		01 a.m. on the earlier of SELAHASS
ete: If the date inserted in this blooment's effective date on the Defective date and the Defective date of the Policy date of the Defective date on the Defective date of the D	effective date, but not an ord is filed.		01 a.m. on the earlier of NOV 2000 NOV

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Filing Fee: \$25.00