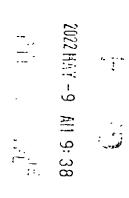
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(F	Requestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	o Filing Officer:	

Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

UBJECT: Rosenberg Cummings & Edwards PLLC	-
he enclosed Articles of Amendment and fee(s) are submitted for filing.	
lease return all correspondence concerning this matter to the following:	
Casey Commings Name of Person RCF Firm/Company	
BOZ NE ZOTH AVE	
Ft Lavderdall, FL 33304 Stry/State and Zip Code Casey Rosenberg Commings: Com Ti-mail address: 4to be used for future annual report notification)	
or further information concerning this matter, please call:	
Casey Commings at (267) 990-2424 Name of Person Area Code Daytime Telephone Number	
nclosed in 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 \$\Bigcup \$ Certified Copy tadditional copy is enclosed.	
Mailing Address: Registration Section Division of Corporations P. D. Bux 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

,ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Companied De Companie de	Asit not appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L160000 0 2759</u> .	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil Rosen berg Cumm The new name must be distinguishable and containing words. Limited Liabili	
Enter new principal offices address, if applicable:	. 10
(Principal office address MUST BE A STREET ADDRESS)	
	号:-:
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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.

Circ

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>	Address	Type of Action
			□Add
			□Remove
			□Change
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ective date	if other than the date of filing: (optional) is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6	.05 O20
<u>te:</u> If the da	te inserted in this block does not meet the applicable statutory filing requirements, this date will not be livetive date on the Department of State's records.	isted as
cord specifi	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day at	ter the
s filed.		
<u>- /</u>	2/2.22	
ed <u> </u>	3/2022	
•		
	Signature of a member or authorized representative of a member	
	Signature of a member of authorized representative of a member	
	a Sey (im in a signed frame of signed	

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