

Florida Department of State
Division of Corporations
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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.**

Email Address: contact@fandsprojects.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ROSSEL GROUP LLC

Certificate of Status	0
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2016 SEP -9 PM 1:54

FALL AND SPRING

16 SEP -9 AM 9:38
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DATE 03/10/2016 BY 60322

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Corporate Filing Menu SEP 12 2016 Help

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROSSEL GROUP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fcc(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. # 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

at (954) 482.9681
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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 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

(H16000215324 3)
**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

ROSSEL GROUP 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 01/20/2016 and assigned
 Florida document number L16000013959.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3001 SE 6TH AVE

FORT LAUDERDALE, FL 33316

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10000 NW 86TH TERRACE

DORAL, FL 33178

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

City

Florida

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>
MGR	ROCHA, SAMARTH	10000 NW 86TH TERRACE	<input checked="" type="checkbox"/> Add
		DORAL, FL. 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROMERO, MARIA G	10000 NW 86TH TERRACE	<input checked="" type="checkbox"/> Add
		DORAL, FL. 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ROSSEL, ENRIQUE	10000 NW 86TH TERRACE	<input type="checkbox"/> Add
		DORAL, FL. 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ROBLES, MIGUEL A	10000 NW 86TH TERRACE	<input type="checkbox"/> Add
		DORAL, FL. 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CATENA, ARELYS	1590 SW 190TH AVENUE	<input type="checkbox"/> Add
		PEMBROKE PINES, FL. 33029	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

