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(shown below) on the top and bottom of all pages of the document.



H190003528313ABC%

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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

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

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### **COVER LETTER**

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TO: Registration Division of C			
ROSSEL	GROUP LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	CA CANADA AND MARKET CONTRACTOR OF THE CANADA AND MARKET CONTRACTOR OF THE CANADA AND AND MARKET CONTRACTOR OF THE CANADA AND AND AND AND AND AND AND AND AN	wind for files	
	of Amendment and fee(s) are sub		
Please return all corres	pondence concerning this matter	to the following:	
	RAFAEL FERRER		
		Name of Person	
	F&S PROJECTS CORP		
		Firm Company	
	1920 N COMMERCE PA	RKWAY, STE. 1920-3	
		Address	<del>,</del>
	WESTON, FL. 33326		
		City/State and Zip Code	
	CONTACT@FANDSPRO		
	E-mail address: (	to be used for future annual report not	fication)
For further information	n concerning this matter, please c	all:	
RAFAEL FERRER		954 482-9681	_
Nam	e of Person	at ()	e Telephone Number
Enclosed is a check fo	r the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box 6	n Section Corporations	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FI	rporations Fallahassee se Street, Suite 810

⊙ 12/06/2019 7:33 AM •

# → 18506176383 pg · ARTICLES OF AMENDMENT (H190003528313)

# TO ARTICLES OF ORGANIZATION OF

ROSSEL GROUP LLC			
(Name of the Limited Limited Limited (A Florida Limited	any as it now appears on our rec Liability Company)	cords.)	
The Articles of Organization for this Limited Liability Company Florida document numberL16000013959	y were filed on01/20/2016		_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "	LLC" or the abbre	vistion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SECRETARY OF	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u>	iter the Mame of	Al He new register
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street aa	ldress	,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
		, Florida	Zip Code
	City		Lip Code
New Registered Agent's Signature, if changing Registered Agent			. t tall
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet	ree to act in this capacity. Te performance of my dutie.	I further agree s, and I am fan	to comply with the trailiar with and

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (H190003528313)

→ 18506176383

MGR = Manager AMBR = Authorized Member

⊙ 12/06/2019 7:33 AM •

<u>Title</u>	Name	Address	Type of Action
MGR	ROBLES, MIGUEL A.	10000 NW 86TH TERRACE	bbA⊞
	-	DORAL, FL. 33178	
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□ Change
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			DAdd
			□Remove
			Change

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If amendii	ig any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
<del></del>	
Note: If t	date, if other than the date of filing:  ve 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 's effective date on the Department of State's records.
he record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	DECEMBER 6TH 2019  MIQUO 1000
	Signature of a member or authorized representative of a member
	MIGUEL A ROBLES  Typed or printed name of signee