116000034398

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Polite's Rockin Red Velvet Cates and Desse	2
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Anthony Polite Name of Person	
Firm/Company	
4518 Sw 26 4h Ter	
Lt. Lauder du le FL 33312 City/State and Zip/Code	
E-mail address: (to be used for future annual roport notification)	
For further information concerning this matter, please call:	
Marne of Person Polite at (954) 607-8321 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Scertificate of Status Status Status Scertified Copy (additional copy is enclosed) \$25.00 Filing Fee Scertified Copy (additional copy is enclosed) \$25.00 Filing Fee Scertified 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

Colifes Rockin Red M (Name of the Limited Liability Compan (A Florida Limited Li	v as it now appears on our records.) ability Company)	1 Dossa	ints.	LlC
The Articles of Organization for this Limited Liability Company v Florida document number <u>L_\6000034398</u>	were filed on <u>62/18/2</u>	<i>0[b_</i> and	d assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabile The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	vent LLC	the abbreviation	n "L.L.C."	_ _ _
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MA			<u> </u>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		nter the na	mg of the	: new
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	No N	2 177	
	, Florid	la	Sode	_
	1.11 P	LUL	ARKE.	

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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
			
			□ Remove
			Change
 	e		□ Add
			Remove
			Change CD
			Add
			Remove Change
			Add
			□ Remove
			Change
			□ Add
			Remove
			Change.

If amending any other in	formation, enter	change(s) here:	(Attach additional	sheets, if neces	sary.)		
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Effective date, if other th	an the date of fili	ng:		(option	nal)		
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document's effective date or	n the Department of	State's records.					
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Dated	1	., <u>AU 19</u> .					
	In the	5	110				_
	Signature of a	a member of authoriz	ed representative of a	member			
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Filing Fee: \$25.00