

L16000056404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

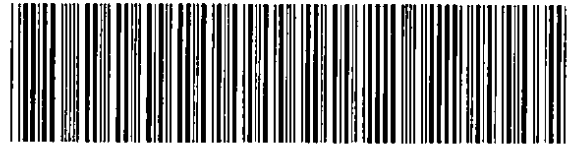
(Business Entity Name)

(Document Number)

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05/05/23--01010--015 **25.00

FILED
MAY 5 2023
FBI - TAMPA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROSA M COHEN, CPA, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROSA M. COHEN

ROSA M. COHEN, CPA, LLC
Firm/Company

8 SOUTHEAST 8TH STREET
Address

FORT LAUDERDALE, FL 33316
City/State and Zip Code

ROSA@RMCCPA1.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSA COHEN at (561) 866-9602
Name of Person 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

REC'D APR 15 PM 3:43

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ROSA M. COHEN, CPA, 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 03/18/2016 and assigned on Florida document number L16000056404

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:

NOT APPLICABLE

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NOT APPLICABLE

(Mailing address MAY BE A POST OFFICE BOX)

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:

8 SOUTHEAST 8TH STREET

Enter Florida street address

FORT LAUDERDALE

City

Florida 33316

Zip Code

New Registered Agent's Signature, if changing Registered Agent: NOT APPLICABLE (ONLY CHANGING ADDRESS)

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> |
|--------------|-------------|----------------------------------|---------------------------------|
| AMBR | | (PLEASE CHANGE MEMBER'S ADDRESS) | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | 8 SOUTHEAST 8TH STREET. | <input type="checkbox"/> Change |
| | | FORT LAUDERDALE, FL 33316 | |
| | | | <input type="checkbox"/> Add |
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(NOT APPLICABLE)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MAY 30 , 2023

Nona M. G.
Signature of a member of authorized representa

Signature of a member or authorized representative of a member

ROSA M. COHEN

Typed or printed name of signee

1000

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Filing Fee: \$25.00