

L16000088681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

O SIMMONS
DEC 15 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROSE TRANSPORT LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DEVON ROSE
Name of Person

ROSE TRANSPORT LLC
Firm/Company

1641 E. ALFRED STREET
Address

TAJARES FL 32778
City/State and Zip Code

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

For further information concerning this matter, please call:

DEVON ROSE at (352) 638-7771
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

ROSE TRANSPORT 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 5/5/2016 and assigned
Florida document number L16000088681.

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)

1647 E. ALFRED Street
TAVARES FL 32778

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1647 E. ALFRED STREET
TAVARES FL 32778

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:

DEVON ROSE

New Registered Office Address:

1647 E. ALFRED ST

Enter Florida street address

TAVARES

City

Florida

32778

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

Title	Name	Address	Type of Action
	DUNKLEY Michelle M.	2353 MARTIN'S RUN	<input type="checkbox"/> Add
		TAVARES FL 32778	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DEVON ROSE	1641 E. ALFRED STREET	<input checked="" type="checkbox"/> Add
		TAVARES FL 32778	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CAMILLE ROSE	1641 E. ALFRED STREET	<input checked="" type="checkbox"/> Add
		TAVARES FL 32778	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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DIVISION OF REVENUE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

16 DEC 12 AM 10:36
DIVISION OF RECEPTION

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4-10-66
7
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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated Nov. 07th, 2016

Devon

DEVON ROSE