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COVER LETTER

TO; Registration Section Division of Corporations
SUBJECT: Rose Brutol 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:
ROSE B PUJOL
ROSE BRUJOL LLC Firm/Company
3109 GRAND AVE #479
MIAMI FZ 33133
E-mail address: (to be used for future annual report notification of BEII South. NET
For further information concerning this matter, please call: Rose Putol and Sol 431-0336 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee &\Bigcup \$55.00 Filing Fee &\Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$certified Copy (cadditional copy is enclosed) Certified Copy (tadditional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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 B PUJOL LLC		
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on JULY 11, 2016	and assigned
Florida document number 1.16000130582		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lic	ability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u> _
(Principal office address MUST_BE A STREET ADDRESS)	, 	NISE SEE
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Enter new mailing address, if applicable:		3 CA CA
(Mailing address MAY BE A POST OFFICE BOX)		P TOU
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		5 9
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		enter the name of the ne
registered agent and/or the new registered office address in	ere:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	. 115	ray Cont

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
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	R PALACIOS & COMPANY		
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Filing Fee: \$25.00