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| (Re | equestor's Name) | |
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| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Name | e) |
| (Dc | ocument Number) | |
| Certified Copies | _ Certificates (| of Status |
| Special Instructions to | Filing Officer: | |
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| CUBIC | | N2016, LLC | | |
| SUBJEC | 1 : | Name of Lim | ited Liability Company | |
| The enclo | sed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please ret | um all correspo | ndence concerning this matter | to the following: | |
| | | JAMES MARQUA | | |
| | · | ROSELAWN2016, LLC | Name of Person | |
| | | 4502 FRIAR TUCK LANE | Firm/Company | |
| | | SARASOTA FL 34232 | Address | |
| | | palmisle I @verizon.net | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report notifi | cation) |
| For furthe | r information c | oncerning this matter, please ca | all: | |
| James Ma | <u> </u> | *** | 941 915-3868 at () | |
| | Name o | f Person | Area Code Daytime | Telephone Number |
| Enclosed | is a check for tl | ne following amount: | | |
| \$25.0 | 0 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$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

| ROSELAWN2016, LLC | | |
|---|--|---|
| (<u>Name of the Limited Liability Con</u> (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 08/29/2016 | and assigned |
| lorida document number L 16000161385 | | • |
| his amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited li | ability company here: | |
| he new name must be distinguishable and contain the words "Limited Li- | ability 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) | | 38 |
| | | P 45 N 25* |
| | | 02 = 02 = 02 = 02 = 02 = 02 = 02 = 02 |
| inter new mailing address, if applicable: | | 골 중국도 |
| Mailing address MAY BE A POST OFFICE BOX) | | 7. 3.4 |
| Nationg duaress MAT BE A FOST OFFICE BOX) | | <u> </u> |
| 3. If amending the registered agent and/or registered registered agent and/or the new registered office address h | | nter the name of the |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florid | |
| | Citv | Zin 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|--------------------|---|----------------|
| AMBR | ALEXANDER J MARQUA | 625 60th St. North., St. Petersburg FL 33710 | |
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| ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of fili | |
| te: If the date inserted in this block does not meet the applicable statuto ument's effective date on the Department of State's records. | ry filing requirements, this date will not be liste |
| | |
| record specifies a delayed effective date, but not an effective date, but not an effect he 90th day after the record is filed. | ctive time, at 12:01 a.m. on the earlie |
| ed September 20 2018 | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00