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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Divisional Entire Name)
(Business Entity Name)
(Document Number)
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Milano Brothers

1456 West Newport Center Drive Deerfield Beach, Florida 33442 (954) 420-5000 Fax (954) 420-5005

June 12, 2017

Florida Department of State Registration Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

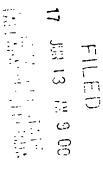
Re: Permission to use name

To Whom It May Concern:

As the President of Milano Brothers International Corporation, FL Document Number F9200000653, I give my permission to Rosh-Group LLC to change their name to Milano Brothers International LLC.

Respectfully gubmitted,

Pier Guidagli President





Milano Brothers

1456 West Newport Center Drive Deerfield Beach, Florida 33442 (954) 420-5000 Fax (954) 420-5005

June 12, 2017

Florida Department of State Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Dear Sir/Madam:

Attached please find Cover Letter and Amendment to process a name change. Also enclosed is a permission letter as instructed by your telephone representative.

A check for \$30.00 is enclosed for the filing fee and certificate of status.

If you have any questions, please contact me, Rita Leduc, at 954-420-9615. Our address is listed above.

Respectfully submitted,

Rita Leduc

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COVER LETTER

	stration Section sion of Corporations	
ann mar	Rosh Group LLC	
SUBJECT	Name of Limited Liability Company	
The enclosi	Articles of Amendment and fee(s) are submitted for filing.	
	all correspondence concerning this matter to the following:	
	Mario Testa	
	Name of Person	
	Rosh Group LLC	
	Firm/Company	
	1456 West Newport Center Drive	
	Address	
	Deerfield Beach, FL 33442	
	City/State and Zip Code	
	testa@milanobro.com E-mail address: (to be used for future annual report notification)	
For further	formation concerning this matter, please call:	
Rita Leduc	954 420-9615	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is ■ \$25.00	Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	1
	MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section	50 8 80 50

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rosh Group LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	nv as it now appears on our records.) .ability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 12/16/16	and assigned
Florida document number 1.16000227601		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
Milano Brothers International LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	office address on our records, <u>e</u> r <u>e</u> :	nter-the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	9 0,
	Floric	3.4 In
	City . Florid	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 = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			☐ Change
			☐ Remove
			Add
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ffective date, if other than an effective date is listed, the date	must be specific and c	annot be prior to date of	filing or more than 90 day	ys after filing.) Pursuan	t to 605.02(
ffective date, if other than an effective date is listed, the date lote: If the date inserted in thi ocument's effective date on the	must be specific and c s block does not me	annot be prior to date of et the applicable statt	filing or more than 90 day story filing requiremen	ys after filing.) Pursuan its, this date will not	t to 605.020 be listed a
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Filing Fee: \$25.00