

L17000001980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

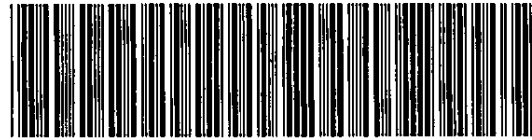
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

FEB -6 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Roses Multi Services 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:

Rosemunde Sincyr
Name of Person

Firm/Company

PO Box 181
Address

Deerfield Beach FL 33443
City/State and Zip Code

SINCYR196@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosemunde Sincyr at 954 204-7101
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| ☐ \$25.00 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

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

3540 NW 114th Terr
Coral Springs, FL
33065

21A.

_____, Florida _____
City Zip Code

Page 1 of 3

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>
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MGR	Bobemunde Sincyr	3540 NW 114 th Terr Coral	☒ Add
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		Spring, FL 33065	☐ Remove
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TALLAHASSEE FLORIDA

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 1/20/2017, _____

Signature of a member or authorized

Signature of a member or authorized representative of a member

Rosemund Singh

Typed or printed name of signee