117000106570

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COVER LETTER

TO:	Registration Se Division of Cor	ection . ^ porations		
CHD	1 ROSEBU JECT:	D, LLC	•	
SUB	JEC1,	Name of Limit	ted Liability Company	
The	enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Pleas	se return all correspo	ndence concerning this matter to	o the following:	
		MARK SOMERSTEIN		
			Name of Person	
			Firm/Company	
200 E. BROWARD BLVD., SUITE 1500				
			Address	
		FORT LAUDERDALE, FL	. 33301	
			City/State and Zip Code	
		mark.somerstein@gmlaw.co		
		E-mail address: (to	be used for future annual report notific	ation)
For f	urther information co	oncerning this matter, please cal	11:	
Mar	k Somerstein954		954 527-2415 at ()	
Name of Person Area Code Daytime Telephone Number			elephone Number	
Enclo	osed is a check for th	ne following amount:		
S	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 ROSEBUD, LLC		
(<u>Name of the Limited </u> (A	Liability Company as it now appears on our reco Florida Limited Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liabi Florida document number L17000106570		and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of th	e limited liability company here:	
3Rosebuds, LLC		
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>x)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our record address here:	ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
_		lorida
	City	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

SSECTION

Page 1 of 3

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 = M $AMBR = A$	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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	the date must be specific a d in this block does not	and cannot be prior to da t meet the applicable	ite of filing or more than statutory filing requi	(optional) 90 days after filing.) ements, this date w	Pursuant to 605,020
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