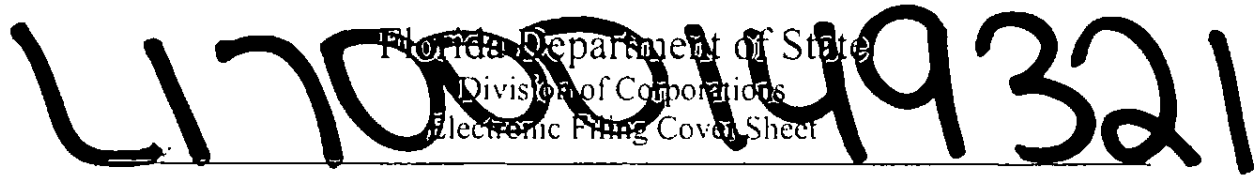


1/28/25, 6:21 PM

Division of Corporations



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(((H25000033846 3)))



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Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : KOONTZ & ASSOCIATES, PL  
Account Number : I20220000183  
Phone : (941)225-2615  
Fax Number : (941)951-2618

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BUTTERFLY ROSE PROPERTIES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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**COVER LETTER**

TO: Registration Section  
Division of Corporations

**H25000033846 3**

SUBJECT: **BUTTERFLY ROSE PROPERTIES, 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:

**JACQUELINE M. DURHAM, ESQ.**

Name of Person

**KOONTZ & ASSOCIATES, PL**

Firm/Company

**1613 FRUITVILLE RD.**

Address

**SARASOTA, FL 34236**

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**JACQUELINE M. DURHAM**

Name of Person

at ( **941** )

Area Code

**225-2615**

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 Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

DocuSign Envelope ID: 9F59D3E9-7106-4135-94A5-5E761F7591F4

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

H25000033846 3

**BUTTERFLY ROSE PROPERTIES, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/12/2017 and assigned  
Florida document number L17000149321.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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

Enter new principal offices address, if applicable:

1414 S. Tamiami Trail

(Principal office address MUST BE A STREET ADDRESS)

Sarasota, FL 34239

Enter new mailing address, if applicable:

1414 S. Tamiami Trail

(Mailing address MAY BE A POST OFFICE BOX)

Sarasota, FL 34239

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

1414 S. Tamiami Trail

*Enter Florida street address*

Sarasota

Florida

34239

*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.*

Signed by:

Ann Marie Rizzo

CREATED BY: 1/29/2025

If Changing Registered Agent, Signature of New Registered Agent

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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

H25000033846 3

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	THERESA M. PRESSNER	2177 SW MAINSAIL TERRACE	<input type="checkbox"/> Add
		STUART, FL 34997	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ROBERT T. PRESSNER	2177 SW MAINSAIL TERRACE	<input type="checkbox"/> Add
		STUART, FL 34997	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANNEMARIE RIZZO	1414 S. TAMIAMI TRL.	<input type="checkbox"/> Add
		SARASOTA, FL 34239	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) H25000033846 3

[illegible]

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 1/28/2025 \_\_\_\_\_

- Signed by.

Aune Marie Rizzo

REFUGEE STATUS

Signature of a member or authorized representative of a member

ANNEMARIE RIZZO

Typed or printed name of signee

**Filing Fee: \$25.00**