# U17000183629

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to F	Filing Officer:	

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2020 DEC -9 AM 8: 42

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

PHONE: 850-558-1500	
ACCOUNT NO. :	I2000000195
REFERENCE :	536697 8149455
AUTHORIZATION :	pubble man
COST LIMIT :	\$ 25.00
ORDER DATE : December 3, 2020	
ORDER TIME : 10:39 AM	
ORDER NO. : 536697-001	
CUSTOMER NO: 8149455	
DOMESTIC AMENDM	ENT_FILING
NAME: ROSE POLEY WEINSTE	IN LLC
EFFECTIVE DATE:	
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPOR	ATION
PLEASE RETURN THE FOLLOWING AS PROOF	F OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING	3

EXAMINER'S INITIALS:

CONTACT PERSON: Amanda Robinson -- EXT#

# **COVER LETTER**

Div	ision of Corpo	prations		
SUBJECT:	ROSE POLE	Y WEINSTEIN LLC		
		Name of Limi	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspond	lence concerning this matter (	to the following:	
		Rosc	Polou Weinstein Name of Person	<u>n</u>
		Rose	Poley Weinste	inLLC
		7724 Ch	evry Blossom Sto	rect
		Board	On Beach FL 3 City/State and Zip Code	<u>3437</u>
		Rosephalm.B.	eachFine Holnes robbe used for future annual report notificat	<u>net</u>
For further in	formation cond	erning this matter, please cal	II:	
<u>P</u>	OSE P	plen Winstein	A at (_5 61) 373 - 5 Area Code Daytime Te	lephone Number
Enclosed is a	check for the f	ollowing amount:		
□ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

## Mailing Address:

TO:

Registration Section

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROSE POLEY WEINSTEIN LLC		
(Name of the Limited Liability (A Florida	ty Company as it now aggeers on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 05/11/2020	and assigned
Florida document number L17000183629		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20
Principal office address MUST BE A STREET ADDR	(ESS)	
		ريز و
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX		<u> </u>
		<b>4</b> 2
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, enter the	name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	City	7 in 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 = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Robert Weinstein	7724 Cherry Blossom Street	🗀 Add
		Boynton Beach, FL 33437	■Remove
			□Change
			□Remove
			20Change
			□Add
			□Remove © Change
			□Add
			□Remove
			□ Add
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			□ Change

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Note: If the date is	other than the dat listed, the date must be nserted in this block we date on the Depar	specific and cann does not meet t	ot be prior to date of	of filing or more that tutory filing requi	(optional 190 days after filing frements, this date	·	.0207 :d as
e record specifies a rd is filed.	delayed effective da	te, but not an ei	ffective time, at	2:01 a.m. on the	earlier of: (b) T	he 90th day after	the
Dated	12/07/25	<u> </u>	<u> </u>	ī, .			
		ature of a member	Vernex	en_			

Filing Fee: \$25.00