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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(6.1,) 5.01.5.2.3.1.1.01.5.1.)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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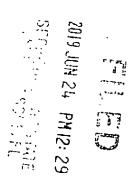


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\$2500

S TALLENT JUL 08 2019



Amend

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Rosada LLC	
SUBJECT: Rosada 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:	
Me USSA Selected Name of Person	
Firm/Compley	
Address	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (890) 533-100-1 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Certificate of Status & Certified Copy (additional copy is enclosed) \$\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

Rosada	2,LLC	· · · · · · · · · · · · · · · · · · ·
(A Florida Limited Liability Company)		
The Articles of Organization for this Limited Liability Company were filed on		
The Articles of Organization for this Limited Liability Company were filed on		
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
, ,		2019 JUN 2
	•	<u></u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	7.5
	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

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 Type of Action Address Name Title 573 Pathways Dr #101 DAdd 2 Brids Cafe Inc. MGR Parama City, fr. 32413 | Remove ☐ Change Key Bay Trace MGR Lenifer Rohrberger Santa Rosa Boh Fr. 32459 O'Remove ☐ Change 14 Bay Trace □ Add NGB Taylor Cohrberger Santa Rosa Och & 32459 Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove □ Change __ 🗆 Add ____ Remove ☐ Change

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Note:	ve date, if other than the date of filing: (optional) cuive 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
ne rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated _	May 17, 2019 Signature of a member or authorized representative of a member
	Taylor Rohrberger Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00