

L18000002212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

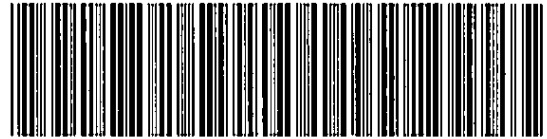
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JUL 08 2019

FILED
2019 JUN 24 PM 12:29
SFC
JUL 08 2019

Amend

COVER LETTER

TO: Registration Section
Division of Corporations

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:

Melissa Schiefel
Name of Person

Destin Anchoring Group
Firm/Company

P.O. Box 62
Address

Destin, FL 32840
City/State and Zip Code

destinanchoring@earthlink.net ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Schiefel at (850) 533-1001
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

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>
MGR	2 Birds Cafe, Inc.	573 Pathways Dr. #101	<input checked="" type="checkbox"/> Add
		Panama City, Fl. 32413	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jennifer Rohrberger	164 Bay Trace	<input type="checkbox"/> Add
		Santa Rosa Bch, Fl. 32459	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Taylor Rohrberger	164 Bay Trace	<input type="checkbox"/> Add
		Santa Rosa Bch, Fl. 32459	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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) No later than 90 days after the date of filing, _____ (optional)

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

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Filing Fee: \$25.00