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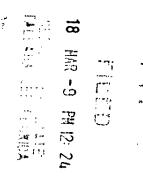
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Certified Copies	_ Certificates	s of Status
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NAR 1 3 2018



February 16, 2018

MARIA F FREIRE 1131 SE 6TH TERRACE POMPANO BEACH, FL 33070 US

SUBJECT: ROSA LEAL COSTUMER JEWELRY LLC

Ref. Number: L18000017633

We have received your document for ROSA LEAL COSTUMER JEWELRY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PARTNERSHIP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 318A00003377

RECEIVED

MIGHAR 13 AM 9: 51

DEPARTMENT OF STATE

VISION OF CORPORATIO

COVER LETTER

TO:	Registration Section Division of Corpora			
SUBJ	JECT:	Assa Leol Name of Li	Costumes Jewerly mited Liability Company	uc.
The e	enclosed Articles of Amer	ndment and fee(s) are su	abmitted for filing.	
Please	e return all corresponden	ce concerning this matte	er to the following:	
			Rosaline Leal. Name of Person	
	_		Name of Person	
		Rosa Leal	2 Costumer Jewerly Firm/Company	uc
	_		Firm/Company	
		1131	SE 6th Lenace	
	-		Address	
			Rompsano Beach -	FL 33060
		1 - C	1	
	_	E-mail address	Rosaleal. com. b.	tion)
For fi	urther information concer	rning this matter, please	call:	
	Rosaline	dal	at (<u>786)</u> 35237 Area Code Daytime T	769
	Name of Pers	on	Area Code Daytime 1	elephone Number
Enclo	osed is a check for the fol	lowing amount:		
□ \$	77/5 paid	\$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

Rosa Leal Costumer gen	eily tic	
(<u>Name of the Limited Liability Company as it now a</u> (A Florida Limited Liability Compa	ppears on our records.) any)	
The Articles of Organization for this Limited Liability Company were filed or	n 01/19/2018 and assi	igned
Florida document number 12 1800017633.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	ıy here:	
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.I	L.C."
Enter new principal offices address, if applicable:		<u>. </u>
(Principal office address MUST BE A STREET ADDRESS)	A. C.	
		5
	!	b II
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> হ</u>
		2
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	s on our records, enter the name o	of the new
Name of New Registered Agent:		
New Registered Office Address: Enter	Florida street address	
	, Florida	
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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MCR	Maria Feorio Frene	1131 SE 6 H Lenace 33060	🗆 Add
		maria Flavia Freise	Remove
			Change
			🗆 Add
			🗆 Remove
			Change
			Add
			□ Remove
			_□ Change
			□ Add
		······································	□ Remove
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ectiv	ve date, if other than the date of filing: (optional) ctive 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 605.020
<u>e:</u>]	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
ume	nt's effective date on the Department of State's records.
rec	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.
	1 pm 31 (2018)
ed_	JAN 31 (2010)

Page 3 of 3

Filing Fee: \$25.00