

L18 000027170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

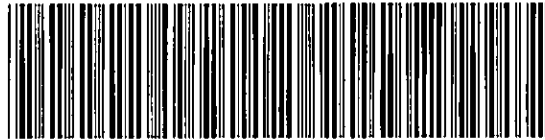
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2022 NOV 16 AM 10:15

STATE OF FLORIDA
TALLAHASSEE, FL

RECEIVED

2022 NOV 16 PM 4:34

TALLAHASSEE, FL 32399

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT:

ROSE'S TAX Insurance Multi Services 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:

TARA ROSE SIFFORT

Name of Person

ROSES Tax Insurance Multi services LLC

Firm/Company

6412 N. University Drive Suite 138

Address

TAMARAC FL 33321

City/State and Zip Code

ROSEMULTISERVICESLLC@gmail.com

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

For further information concerning this matter, please call:

TARA ROSE SIFFORT

Name of Person

754 245 6280

Area Code

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 NOV 16 AM 10:15

Roses Tax Insurance Multi Services & Event Planner 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 1/30/2018 and assigned
Florida document number L18000027170.

This amendment is submitted to amend the following:

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

ROSES TAX Insurance Multi Services LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

6412 N. University DR. Suite
138
TAMARAC FL 33321

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6412 N. University DRIVE
STE 138
TAMARAC FL 33321

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:


TARA R. SIFFERT

New Registered Office Address:

6412 N. University DRIVE STE 138
Enter Florida street address
TAMARAC, Florida 33321
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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Type of Action

6442 N. Linn Westy D2 SIF 138
Tamarac 71 33321 ☐ Add

☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change $\sqsupset \text{Add}$ ☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove

Change

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

Tax Prep Notary Services
Health Insurance Agent (Lic)
Claim Adjuster (Lic)

EIN# 92-1048579

FILED
2022 NOV 16 AM 10:15
TALLAHASSEE, FL

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

NOV 16th 2022

Signature of a member or authorized representative of a member

FARA ROSE SIFFERT

Typed or printed name of signee