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COVER LETTER

то:	Registration Se Division of Cor		* # **	· · · · · · · · · · · · · · · · · · ·
end n	11/100	da Rouge LLC		
SUBJI	cci;	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Timothy Buwalda		
			Name of Person	
		Von Buwalda Rouge LLC		
			Firm/Company	
		2233 Grant St		
			Address	
		Hollywood, FL 33020		
		•	City/State and Zip Code	
		info@sterlingaccounting.co	m to be used for future annual report notifi	ioution)
For fur	ther information c	oncerning this matter, please ca	·	realion)
Jeffrey	Sterling		954 667-9829 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
■ \$2	5.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Von Buwalda Rouge LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	-
The Articles of Organization for this Limited Liability Company Florida document number $\frac{118000029632}{}$.	were filed on 02/01/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		=======================================
(Principal office address MUST BE A STREET ADDRESS)		18 EC
		HAR
		ASS ASS
Enter new mailing address, if applicable:		Lu .
(Mailing address MAY BE A POST OFFICE BOX)		I To
Annual Control of the Bony	***!	7. OR
	_	o pr
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
	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
MGR	Charity Von Guinness	2233 Grant St	■ Add
		Hollywood, FL 33020 US	□ Remove
			Change
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ective date, if other than	the date of filing: must be specific and cannot be prior to date of filing or i	optional)
e: If the date inserted in t	is block does not meet the applicable statutory filing to Department of State's records.	ng requirements, this date will not be listed
union 3 checuve date on	e ixpartment of state 3 records.	
	yed effective date, but not an effective	time, at 12:01 a.m. on the earlier
ne 90th day after the	record is filed.	
02-17 ed	2018	
	Aignature of a member of authorized representative	out of a mountour
	Anguatare of a memoer of aumonized representative	e or a memoer

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Filing Fee: \$25.00