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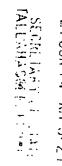
(Requestor's Name)
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63/14/21

COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT:	G. Rose (Contal (·		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	Co 197 Bost dun ber	Name of Person Dubar Lau Firm/Company Portland St. Address MA D2/14 City/State and Zip Code To be used for future annual report poti	C. Com itication)		
For further information col	ncerning this matter, please ca	all:	Á	21	
Ron Don Name of I	n bo / Person	at (6/7) Area Code Daytim	3550 The Telephone Number	21 JUNITA AM	
Enclosed is a check for the	following amount:		*** - - -	ه بن خ	. I.
S25:00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is ench	:: <u>∼</u> s &	

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

G. Rose (epitel (CC.
(Name of the Limited Liability Compa (A Florida Limited	(y as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $3/23/17$ and assigned
Florida document number <u>4 / 8000</u> 7555C	, / /
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	No. Common "the designation "LLC" or the abbraviation "LLC"
	- 4/ 1 11
Enter new principal offices address, if applicable:	102 24th St # 1202
(Principal office address MUST BE A STREET ADDRESS)	_ MIMMI DEACH FC 22/31
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	102 24th St. # 1202 Minni Beach FC 33139
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: Rich	land EgAn
New Registered Office Address: 102	24th SJ # 1202 Enter Florida street address
MiAmi	Beach Florida 33139 Zap Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	provided for in Chapter 605, F.S. Or. if this document is
company has been notified in writing of this change.	
·	
If Cha	inging 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 Title Name Address **Type of Action** AMBR Jodi L. Strang 3339 Virginia St. Suite 127 DAdd _____ □Change 102 24th St. #1202 XAdd AMBR Bichard EgAn Miami Beach FC 33/39 DRemove _____ Change _____ 🗆 🗀 Add ____ □Remove ____ □Remove □ Change 214dd SEUTH ASY ACCOM ☐**G**hange _ □Add _____ 🗀 Remove

_____ Change

	ig any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u>iote:</u> If th	late, if other than the date of filing:
	and the state of the first the first and the state of the
recora spe l is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	May 27 2021
	Signature of a member or authorized representative of a member
	Jodi L. Strang

Filing Fee: \$25.00