Division of Corporations Electronic Filing Cover Sheet

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Tc:

Division of Corporations

Fax Number : (850) 617-6383

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: (323)962-8600

Fax Number

: (323)962-3889

**Enter the email address for this business entity to be used for $\operatorname{fut}_{\overline{\mathbf{J}}}$ annual report mailings. Enter only one email address please.

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(i)

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN A GOOD ROSE LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

	Registration Se Division of Cur			
		ROSE LLC		
SUBJEC	l':	Name of Limit	ed Liability Company	
		Amendment and fee(s) are submondence concerning this matter to		
		Cheyenne Moseley		
Name of Person				
Legalzoom.com. Inc.				
Firm/Company				
101 N. Brand Blvd., 11th Floor				
Address				
		Glendale, CA 91203		
			City/State and Zip Code	
victor.huipio@gmail.com E-mail address: (to be used for future annual report nonfication)				cation)
For furth	er information	concerning this matter, please ca	nH:	
	ne Moseley		000 771 0000 05	a. 9724
	Name	of Person	at (at Code Daytime	Telephone Number
Enclose	d is a check for	the following amount:		
⊡ \$ 25	90 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 exclused)
			eroept/collet	FR ADDRESS:

MAHLING 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

18 AUG -3 PH 9: 0=

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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7.4.4.1	a "LLC" or the appreciation "L.L.C."
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	<u> </u>
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<u>e</u> :	
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City	, Florida
•	
t	o I forther garee to comply with
ree to act in this capacit e performance of my dut	ies, and I am familiar with and
	flice address on our receiver. Enter Florido street Cay:

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

To: Page 5 of 6

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

	> 7	Address	Type of Action
<u>Title</u>	<u>Name</u>	<u>1001,533</u>	
			Remove
			Remove
			18 AUG 73 PH 9: 0% SECKE PARY OF STATE TALLAHASSEE, FLORIDA
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			□ Add
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D. If	Article IV: Please after the address of managers to read as follows:	
	Victor Huipio (MGR): 2810 SW 14 CT., Deerfield Beach, FL 33442	
	Angel Valenzuela (MGR): 273 NE 46 ST., Pompano Beach, FL 33064	_
		
(30)	ffective date, if other than the date of filing: (optional) e effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after to date this document is filed by the Florida Department of State)	
υ	August 1st 2018 Lever A. August	
	Signature of a member or authorized representative of a member	
	Victor Huipio Typed or printed name of signee	FILED PH 9:10

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Filing Fee: \$25.00