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(Re	equestor's Name)	
(Ác	ldress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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# **COVER LETTER**

TO:	Registration Se Division of Cor		'	
eun i	RHOSHAY	LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	<del></del>
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		TRUDIE A GREEN		
		RHOSHAY LLC	Name of Person	
		45 Alabama Road N. Suite	Firm/Company	
		Lehigh Acres, FL 33936	Address	
		greentrudie@yahoo.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notit	ication)
For fu	rther information c	oncerning this matter, please ca	aH:	
Trudic	e A Green		239 333-6606 at ()	
	Name o	f Person	Area Code Daytimo	: Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>■</b> \$2	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, F1, 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

RHOSHAY LLC						
( <u>Name of the Limited Liability Comp:</u> (A Florida Limited	inv as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liability Company Florida document number 1.18000164921	were filed on 07/09/2018 and assigned					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liah	oility company here:					
The new name must be distinguishable and contain the words "Limited Liabi	htty Company," the designation "LLC" or the abbreviation "L.J.,C."					
Enter new principal offices address, if applicable:	45 ALABAMA ROAD N					
(Principal office address MUST BE A STREET ADDRESS)	ESS) SUITE 2					
	LEHIGH ACRES, FL 33936					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PILE A					
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new					
Name of New Registered Agent:						
New Registered Office Address:	Enter Florida street address					
	unter r tortaa street aaaress					
	, Florida					

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added or removed from our records:

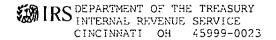
MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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	is listed, the di e inserted in	ate must be speci this block does	ific and cannot b s not meet the	e prior to date of t applicable statu	iling or more than		l) ng.) Pursuant to 605 to will not be liste	
ie record spe The 90th da				ut not an effe	ective time, a	at 12:01 a.m	ı. on the earlie	er of:
Dated			2019					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00



RHOSHAY LLC

LEHIGH ACRES, FL 33971

Date of this notice: 08-08-2019

Employer Identification Number:

84-2654233

Form: SS-4

Number of this notice: CP 575 G

SALON RHOSHAY
% TRUDIE A GREEN SOLE MBR
4004 11TH ST W
For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 84-2654233. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

### IMPORTANT REMINDERS:

- Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is RHOS. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.