8/13/2018



Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000235400 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353

Phone : (800)221-2972

Fax Number : (888)692-9256

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROSE PROPERTY RENTALS, LLC

Certificate of Status Certified Copy 01 Page Count \$25.00 Estimated Charge

Electronic Filing Menu

Corporate Filing Menu B FIGUER 日中

AUG 1 4 2018

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROSE PROPERTY RENTALS, LI				
(Name of the Limit	ded Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		_	
The Articles of Organization for this Limited L Florida document number L18000180415	iability Company were filed on 07/25/2018	anc	l assigned	i
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liability company here:			
The new name must be distinguishable and contain the w	vords "Limited Liability Company," the designation "LLC" or	the abbreviation	n "L.L.C."	
Enter new principal offices address, if applie	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of	or registered office address on our records, g	enter the na	me of th	ne new
Name of New Registered Agent:	RODRIGUEZ DE VITORA, ROSALIA			
New Registered Office Address:	3571 W 92 PL Enter Florida street address	* -	<u> </u>	
		ја <u>33018</u> т		;;
	City , Floric	Zip C	ode ?	
New Registered Agent's Signature, if changing I	Registered Agent:		00	
provisions of all statutes relative to the prop	ed agent and agree to act in this capacity. I further er and complete performance of my duties, and I stered agent as provided for in Chapter 605, F.S. registered office address, I hereby confirm that the change. If Changing Registered Agent, Signature of N	am jamiliar I. Or, if this of he limited lic	with and locumen ability	\boldsymbol{a}

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>	Name	Address	Type of Action
			D Add
			□ Remove
			□ Remove
			□ Change
			Add
			☐ Remove
			[] Change
			□ Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
	·		
			☐ Remove
			□ Change

					_
					
					_
					_
					_
					_
					_
			<u> </u>		
		·			_
				>	•
				. JG) <u>-</u>
				<i>-</i>	
		<u> </u>			<u>-</u> -
		<u> </u>		<u> </u>	
				<u> </u>	31
fective date, if other than the da n effective date is listed, the date must be ote: If the date inserted in this block current's effective date on the Depar	does not meet the app	licable statutory fili	(option one than 90 days after ng requirements, this	filing.) Pursuant to 6	i05.03
record specifies a delayed el The 90th day after the record	fective date, but r i is filed.	not an effective	time, at 12:01 a	i.m. on the ear	lier
ned August 8	2018	. 1			
		7			
6:0	nature of a member of au	thorized representativ	e of a member		
Sig	The state of a manifest year	7			

Page 3 of 3

Filing Fee: \$25.00