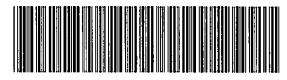
## 118000190503

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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10-6-18





September 4, 2018

ANDREA JONES 11914 WEST SAMPLE RD CORAL SPRINGS, FL 33065 US

SUBJECT: 4 ROSES LLC Ref. Number: L18000190503

We have received your document for 4 ROSES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 118A00018119

Janeice L Smith
Regulatory Specialist II
Registration Section

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4 ROSES	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L19000190503</u>	were filed on $8/9/8$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the aboreviation "LLC"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	11914 W. SAMOLE READO
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	5 PR 2: 16  RY OF STATE
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, enter the name of the new
Name of New Registered Agent:  New Registered Office Address:  119	VDREA JONES 14 W. Sample Rd Enter Florida street address
	, Florida 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.

Changing Registered Agent, Agenture 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 Type of Action Address Name Title Monica Jones 1914 W. SAMPLE ROOAdd Remove ☐ Change MER VANESSA JONES 189/4/W, Sample Rd - Add Remove \_□ Change MGR Andrea Tones 11914 W. Sample ☐ Remove ☐ Change □ Add ☐ Remove □ Add ☐ Remove ☐ Change

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Effective date, i	f other than the dat	te of filing:		(	optional)	
(If an effective date in Note: If the date	s listed, the date must be inserted in this block tive date on the Depar	specific and cannot be does not meet the:	e prior to date of filin applicable statutory	g or more than 90 days	after filing.) Pursua	nt to 605.0207 (3) t be listed as the
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Page 3 of 3

Filing Fee: \$25.00