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SECRETARY JE JETE TALLAHASSEE, FL

AUG 2 9 2019

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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	T: Ros Sourc LLC Name of Limited Liability Company
The en	osed Articles of Amendment and fee(s) are submitted for filing.
Please	turn all correspondence concerning this matter to the following:
	BRIAN BAILEY Name of Person
	Name of Person
	Pou Source, LLC
	Firm/Company
	433 DIASA 05A:C
	433 PLAZA REAC,
	BOCA RATOW, FC, 33487 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fu	ter information concerning this matter, please call:
	BRIAN BALLEY at (772) 829-1(13 Name of Person Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
	l is a check for the following amount:
1 \$2	00 Filing Fee Solution Status

MAILING 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

Roo	Crial			
(Name of the Limited Liability Company (A Florida Limited Lia	as if now appears on our reco- bility Company)	ords,)		
The Articles of Organization for this Limited Liability Company w Florida document number <u>L 1 8 000 2 6 7 9 9 5</u>	ere filed on 11 16	18 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company here:			
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "L	LC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter you welling address if applicables		2019 SEC:		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		LA GO TO		
Mining maness MAT BE ATOST GATTON DOWN		22		
		SEE PR		
B. If amending the registered agent and/or registered office address here:	ce address on our reco	rds, <u>enter the name of the new</u> ယာ		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
		Florida		
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pu- being filed to merely reflect a change in the registered office of	performance of my duties, rovided for in Chapter 60	, and I am familiar with and 15, F.S. Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ESTUNIGA, INC.	462 SW PORT ST. LUCIE BI	<u>∨o</u> □ Add
		116, PORT ST. LUCIE, FL, 34953	Remove
			Change
			D Add
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Effective date, if	other than the date of filing:		(optional)	
If an effective date is Note: If the date is	listed, the date must be specific and c	cannot be prior to date of filing eet the applicable statutory	or more than 90 days after filing.) Pursu iling requirements, this date will no	ant to 605.020° ot be listed as
	fies a delayed effective da after the record is filed.	ite, but not an effecti	ve time, at 12:01 a.m. on th	e earlier o
Dated Augu	157 20	2019.		
		f.		
		ember or authorized represent		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00