

L19000 137 776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

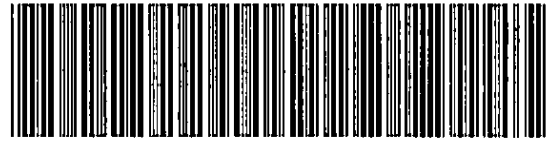
(Business Entity Name)

(Document Number)

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09/09/13-11/14/14 11:25:07

SEP-9 PM 4:22
FBI - NEW YORK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rosko Hospitality LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Santiago Orozco

Name of Person

Rosko Hospitality LLC

Firm/Company

3191 GRAND AVENUE
PO BOX 330315

Address

Miami, FL 33233

City/State and Zip Code

roskohospitality@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Santiago Orozco

Name of Person

at (786) 312-7811
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2008 SEP -9 PM 4:22
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

**TO
ARTICLES OF ORGANIZATION
OF**

ROSKO HOSPITALITY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 SEP -9 PM 4:22
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-15-2019 BY 60322

The Articles of Organization for this Limited Liability Company were filed on 5/22/19 and assigned
Florida document number L19000137776.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Santiago Orozco		☐ Add
			☐ Remove
		13727 SW 152 STREET, #842 MIAMI, FL 33177	☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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Filing Fee: \$25.00