

L19000143896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

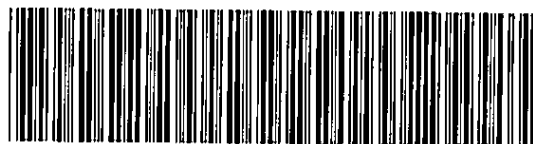
(Business Entity Name)

(Document Number)

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JUL -1 PM 4:23

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JUL 13 2013
C. H. H. H.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Rosey Group Home 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:

Vilma Saez
Name of Person

Firm/Company

19215 Sunset Bay Drive
Address

Dand Odakes Florida 34638
City/State and Zip Code

Vilmasaez@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vilma Saez
Name of Person

at (903)

985-384-7
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

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JUL - 1 PM 4:23
TALLAHASSEE, FL

219 and assigned

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

Page 1 of 3

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>	<u>Type of Action</u>
MGR	DERON MOORE	19215 Sunset Bay Drive	<input type="checkbox"/> Add
		Land O Lakes	<input checked="" type="checkbox"/> Remove
		FLORIDA 34638	<input type="checkbox"/> Change
MGR	Vilma SARKIS	19215 Sunset Bay Drive	<input checked="" type="checkbox"/> Add
		Land O Lakes	<input type="checkbox"/> Remove
		FLORIDA 34638	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: 6/26/2019 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated

6/29/2019

19 _____
Valma Siller
 Signature of a member or authorized representative

Signature of a member or authorized representative of a member

VILMA STOKER

Typed or printed name of signee