L19000144242

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COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

TO:

ROSSIE PR SUBJECT:	OPERTIES LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of /	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Rosana Mecias Milanes		
		Name of Person	
	ROSSIE PROPERTIES LI	.c	
		Firm/Company	
	8101 SW 72 Avenue, Apt	123West	
		Address	
	Miami, FL 33143		
		City/State and Zip Code	
	rossicproperties@gmail.con		
	E-mail address: (to be used for future annual report notif	ication)
For further information co	ncerning this matter, please ca	all:	
Rosana Mecias Milanes		1 786-484-413 ⁴	
Name of	Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for the	e 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		Street Address: Registration Sec	rtion
Registration S Division of Co		Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number 1.19000144242		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Medias Notary and Translation Services LLC		
The new name must be distinguishable and contain the words "Lit	nited Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8101 SW 72 Ave, Apt 123West	
(Principal office address MUST BE A STREET ADD	RESS) Miami FL 33143	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		e name of the new regi
Name of New Registered Agent: same		. 5.5
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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 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>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Remove
			□Change

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	Dated	Merias-