119000/63539

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COVER LETTER

IO: Registration S Division of Co					
Rose Deli	cious Chocolates by Maria Luis	a ,	•		
Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.			
Please return all corresp	ondence concerning this matter t	o the following:			
	Maria Luisa Rosas				
		Name of Person	 		
	Rose Delicious Chocolates by Maria Luisa				
		Firm/Company			
	23255 Carolwoxd Lane, #9202				
	· · · · · · · · · · · · · · · · · · ·	Address	·-· · -		
	Boca Raton, FL 33428				
	rosechocolates I@hotmail.c	City/State and Zip Code om			
	E-mail address: (t	o be used for future annual report notific	cation)		
For further information	concerning this matter, please ca	dl:			
Maria Luisa Rosas		954 3261603			
Name	of Person	at () Area Code Daytime	Telephone Number		
Enclosed is a check for t	he 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

TO ARTICLES OF ORGANIZATION OF

Rose Deficious Chocolates by Maria Luisa		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our diability Company)	r records.)
The Articles of Organization for this Limited Liability Company L19000163539	were filed on	and assign
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation	on "LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		
		019 FA
Enter new mailing address, if applicable:		A SI
Mailing address MAY BE A POST OFFICE BOX)		SS: P
William of the control of the contro		- C - C
		559
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		-
Name of New Registered Agent:		
New Registered Office Address:	<u> </u>	
	Enter Florida stree	et 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 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>	Address	Type of Actio
MGR	Maria Luisa Rosas (President)	23255 Carolwood Lane, #9202 Boca Raton, Fl., 33428	
			□ Remove
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing: Note: If the date inserted in this block does not meet the applicable statut document's effective date on the Department of State's records.	(optional) iling or more than 90 days after filing.) Pursuant to 605.0205 ory filing requirements, this date will not be listed as
he record specifies a delayed effective date, but not an effe The 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier of
07/09/2019	
Dated	
Signature of a member or authorized repre	sentative of a member
Hario Luisa Posas	signee
Typed or printed name of	signee

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Filing Fee: \$25.00