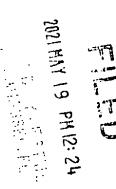
## 90002482

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
P CK-U-	, MAIL MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special instructions	to Filing Officer

Office Use Only



300366558163



MAY 20 2021 I ALBRITTON

## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 5/19/2021		⇔WALK IN⇔
ENTITY NAME ROSIE B	'S L.L.C.	
DOCUMENT NUMBER		
	**PLEASE FILE THE ATTACHED AND RETURN**	
XXXX	Plain Copy	#WAIR W
	Certified Copy	
	Certificate of Status	
**P/	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments  Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION**	- 1943年第二年 <del></del>
COUNTRY OF DESTINATI	,	
	ES REQUESTED	<del>-</del> 
TOTAL OWED \$25.00	ACCOUNT #: I20160000072	
Please call Tina at the	e above number for any issues or concerns. Thank you so i	much!

## **COVER LETTER**

TO: Registration Section

Division of Co	Division of Corporations		
Rosie B's	L.IC.		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Shama Stepp c/o ZenBusi	ness Inc.	
		Name of Person	
	ZenBusiness Inc.		
		Firm/Company	<del></del>
	5511 Parkcrest Drive Suit	e 207	
	-	Address	
	Austin TX 78731		
		City/State and Zip Code	
	fulfillment@zenbusiness.co	om to be used for future annual report no	ri Gnation A
For further information	concerning this matter, please c		incation)
	concerning this matter, prease e		
Shama Stepp		844 493-6249 at ()_	
Name o	of Person	at () Area Code Daytit	ne 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)
<u>Mailing Addres</u> Registration		Street Address: Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632 Tallahassee,		The Centre of	Tallahassee oe Street, Suite 810
rananassee,	にん フニジェサ	ZHIJIN. MIONI	je succi, sune 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

May to particular to the second secon

Rosie B's L.L.C.

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

The Articles of Organization for this Limited Liability Company	were filed on 10/02/2019	and assigned
Florida document number L19000248245		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Rosie Elater Events LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>-</u>
(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 a agent and/or the new registered office address here:  Name of New Registered Agent:	nutress on our records, <u>enter (n</u>	
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 agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.,	I am familiar with and 'S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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
			GAdd
			f o <u>pe al N</u> ello . Ll Remove
		,	Change
			□Add
			□Remove
			V-1 □Change
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
·· <del>-</del>			□Add
			Remove
			□Change

<b>6</b> •	mation, enter change(s) here: (Attach additional shee	'
		,
<del>-</del> -		
		•
<del></del>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	• • • • • • • • • • • • • • • • • • • •	
		-
		, •
Note: If the date inserted in th	the date of filing:  must be specific and cannot be prior to date of filing or more than 90 is block does not meet the applicable statutory filing requires the Department of State's records.	(optional) 0 days after filing.) Pursuant to 605.0207 (3
ne record specifies a delayed effeord is filed.	ective date, but not an effective time, at 12:01 a.m. on the ear	rlier of: (b) The 90th day after the
05/18 Dated	. 2021	
/s/ Rosie E. I	Bevel	
		ber

Filing Fee: \$25.00