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EB 29 TO

COVER LETTER

TO:

Registration Section

Divi	ision of Cor	porations		
eun ipæt	ROSETTA	S FAMILY CARE HOME	LLC	F2 -:
SUBJECT:		Name of Lim	ited Liability Company	
				دا
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	•
Please return	all correspo	ndence concerning this matter	to the following:	
		JEAN RUSSELL		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		ROSETTAS FAMILY CA	Internation of Limited Liability Company Iment and fee(s) are submitted for filing. Iment and fee(s) are sub	
			Firm/Company	
		8901 NW 79TH COURT		
			Address	
		TAMARAC FLORIDA 3.	AMILY CARE HOME Name of Limited Liability Company mendment and fee(s) are submitted for filing. Increase concerning this matter to the following: JEAN RUSSELL Name of Person ROSETTAS FAMILY CARE HOME Firm/Company 8901 NW 79TH COURT Address TAMARAC FLORIDA 33321 City/State and Zip Code E-mail address: (to be used for future annual report notification) erming this matter, please call: at (
			City/State and Zip Code	
		E-mail address: (to be used for future annual report no	otification)
For further ir	iformation c	oncerning this matter, please c	all:	
JEAN RUSS	SELL			
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed is a	check for th	ne following amount:		
≡ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	iling Addres			Section
Registration Section Division of Corporations		Division of C	orporations	
). Box 632 Jahassee J			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROSETTAS FAMILY CARE HO				
(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on (Liability Company)	our records.)	
		were filed on 10/23/1	9	_ and assigned
lorida document number L-19000266272	·			حي
nis amendment is submitted to amend the fol	lowing:			
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) Articles of Organization for this Limited Liability Company were filed on 10/23/19 and assigned rida document number 1-19000266272 s amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: If amending name, enter the new name of the limited liability company here: If amending name, enter the new name of the limited liability company here: If amending name, enter the new name of the limited liability company here: If amending name, enter the new name of the limited liability company here: If amending name, enter the new name of the limited liability company here: If amending office address, if applicable:				
ne new name must be distinguishable and contain the	words "Limited Liabi	lity Company." the design	ation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		8901NW 79TH COU	JRT	
• •		TAMARAC FLORII	DA 33321	
			·	
nter new mailing address, if applicable:				
<u> Aailing address MAY BE A POST OFFICE</u>	BOX)			
		address on our recor	ds, <u>enter the name</u>	of the new registe
Name of New Registered Agent:		· · · · · ·		
New Registered Office Address:	Registered Office Address: 8901 NW 79TH COURT			
		Enter Florida st	treet address	
	TAMARAC		, Florida ³³³²	.1
		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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DAVID RUSSELL	211 NW 119 DRIVE CORAL SPRINGS FL 33071	= Add
			□Remove
			□Change
	/ <u></u>		🗆 Add
			□Remove
			□Change
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			□Change

feetive date, if other than the date of filing; n 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 605.020 me. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a cument's effective date on the Department of State's records. second specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the is filed.			
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