1900027-2539

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filling Officer:

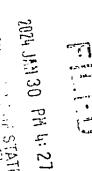
Office Use Only



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COVER LETTER

TO: Registration So Division of Cor			
	s Pack LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Bianca R Clark		
	-	Name of Person	
	,	Firm Company	
55 Buxton Lane			
		Address	
	Boynton Beach, FL 33425	City/State and Zıp Code	
	brosarriomusic@gmail.com		
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report notificat all:	ion)
Bianca Clark		561 846-9112 at ()	30
Name o	f Person		JAN 30 PH 4: 27
Enclosed is a check for the	he following amount:		ATE 27
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration !		Street Address: Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Lioness Pack LLC		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records. Limited Liability Company))
The Articles of Organization for this Limited Liability Co	ompany were filed on 10/31/2019	and assigned
Florida document number L19000272539	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Rosarrio Entertainment LLC		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7024 JA
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter t</u>	he name of the new registere
Name of New Registered Agent:		FATEL 27
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
	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
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			□Remove
			Change
			□Remove
			Change
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	02/04/2024			끈길	2
ffective date, if other than the date an effective date is listed, the date must be some. If the date inserted in this block ocument's effective date on the Department.	specific and cannot be prior to c does not meet the applicable	late of filing or more than be e statutory filing require	(options 90 days after fili ements, this da	ng.) Pursuai	nt to 605,020 t be listed a
record specifies a delayed effective dat Lis filed.	le, but not an effective time.	, at 12:01 a.m. on the ec	irlier of: (b)	The 90th d	lay after the
January 22nd	. 2024				
		1			
Sign	nature of a member or authorize	ed representative of timen	iber		

Filing Fee: \$25.00