

L19000301327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

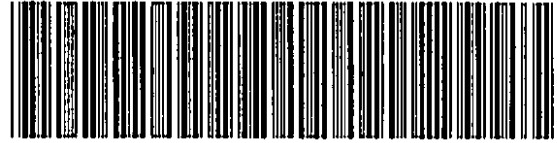
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/08/22--01032--008 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 AUG - 8 AM 10:16

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 28, 2022

ALEXIS QUINTAL

212 E HAMILTON AVE  
TAMPA, FL 33604

SUBJECT: ALEXIS ROSE LLC  
Ref. Number: L19000301327

2022 AUG -8 AM 10:16  
SECRETARY OF STATE  
TAMPA, FL

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We have received your document for ALEXIS ROSE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

When changing the registered agent, the new registered agent must sign their name confirming they are the new registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams  
EXECUTIVE ASSISTANT

Letter Number: 522A00024260

NOV 10 2022

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Alexis Rose LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alexis Quintal

\_\_\_\_\_  
Name of Person

Alexis Rose LLC

\_\_\_\_\_  
Firm/Company

212 E Hamilton Ave

\_\_\_\_\_  
Address

Tampa, FL 33604

\_\_\_\_\_  
City/State and Zip Code

aquintal22@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexis Quintal

at ( 978 )

~~734~~ 394 - 7997

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 Address:**

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Alexis Rose LLC

(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 12/2/2020 and assigned Florida document number 2191208105.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Rosarium Marketing LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

Same address

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

Same address

(Mailing address MAY BE A POST OFFICE BOX)

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**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Alexis Quintal

New Registered Office Address:

212 E Hamilton Ave

*Enter Florida street address*

Tampa

*City*

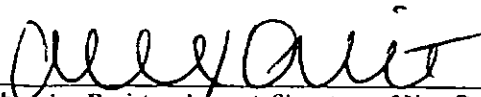
Florida

33604

*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 Changing Registered Agent, Signature of New Registered Agent

\_\_\_\_\_ (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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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2022 AUG - 8 AM 10:16  
SECRETARY OF STATE  
MONTANA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated ~~7/27/2022~~ 8/31/2022

*Alex Quintal*

Signature of a member or authorized representative of a member

Alexis Quintal

Typed or printed name of signee

Filing Fee: \$25.00