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COVER LETTER

Divi	sion of Corpo	rations	¥		
SUBJECT:	Grandmother	Rosetta, LLC			
nonance:		Name of Lim	ited Liability Company		
The enclosed	Articles of Ar	nendment and fee(s) are sub	mitted for filing.		
Please return	all correspond	ence concerning this matter	to the following:		
		Krishna L.Domenech			
			Name of Person		
		Aust Law Firm			
		1,2,	Firm/Company		
		1220 E. Livingston Street			
	Address				
		Orlando, FL 32803			
			City/State and Zip Code		
		E-mail address: (to be used for future annual report notificati	<u>on)</u>	
For further in	formation con	cerning this matter, please ca	ıll:		2 NA.
Krishna L. Do			407 447-5399 at ()		ACIDE IN CORPORATION
	Name of P	erson	Area Code Daytime Tel	ephone Number	1.2 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1
Enclosed is a	check for the	following amount:			THE STATE OF THE S
■ \$25.00 Fi	lling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed	ž,

TO:

Registration Section

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

Grandmother Rosetta, LLC

(Name of the Limited Liab) (A Florid	la Limited Liability Company)		6
The Articles of Organization for this Limited Liability (Florida document number 1.20000041362	Company were filed on February 4, 2020	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the al	obreviation "L.L.C."	_
Enter new principal offices address, if applicable:			_
(Principal office address MUST BE A STREET ADD	PRESS)		_
Enter new mailing address, if applicable:			_
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ne of the new regist	erec
Name of New Registered Agent:			_
New Registered Office Address:	Enter Florida street address	······································	_
	, Florida	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>	Address	Type of Action
AMBR	Lynn Mims	1818 Mulberrywood Court	□Add
		Orlando, FL 32818	≣Remove
		1818 Mulberrywood Court	□Change
AMBR	Lyndell Mims	Orlando, FL 32818	≣Add
			Remove
			□Change
			□Add
			□Remove
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ffective date, if other than the an effective date is listed, the date in Note: If the date inserted in this bocument's effective date on the I	ist be specific and cannot block does not meet the	e applicable statu	iling or more than 90		
record specifies a delayed effecti d is filed.	ve date, but not an effi	ective time, at 12:	:01 a.m. on the ear	lier of: (b) The 90	th day after the
March 25	2020)			
MICU					
72	\leq 0	4			
M	Signature of a member	or authorized repr	esentative of a mem	ber	

Filing Fee: \$25.00