## 120000095158

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(City/State/Zip/Phone #)
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## **COVER LETTER**

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT:	Rose & Mary Creative LLC		
30b)rc1	Name o	of Limited Liability Company	
The enclosed Artic	les of Amendment and fee(s) ar	re submitted for filing.	
Please return all co	rrespondence concerning this m	natter to the following:	
		Shamarie Marrero	
		Name of Person	
		Rose & Mary Creative LLC	
		Firm/Company	
		7001 NW 49th St	
		Address	
		Lauderhill, FL 33319	
		City/State and Zip Code	
		roseandmarycreative@gmail.com	<u>~</u>
		ress: (to be used for future annual report notification)	
For further informa	ition concerning this matter, ple	ase call:	1
Sha	Shamarie Marrero 701-0354		
,	tame of Person	Area Code Daytime Telephone Number	AHIII IS
Enclosed is a check	for the following amount:		ري ال م بر
<b>★\$25.00</b> Filing I	Fee S30.00 Filing Fee & Certificate of State		
Mailing A	address: tion Section	Street Address: Registration Section	
	of Corporations	Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rose & Mary Creative 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 1.20000095158 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (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 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: New Registered Office Address: Enter Florida street address City

## 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	Shamarie Marrero	7001 NW 49th St	
		- 4 170 FL 22210	□Add
		Lauderhill, FL 33319	□Remove
			🗖 Add
			□ Remove
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	April 2, 2020
ffecti	ve date, if other than the date of filing: (optional)
ian cfi Note:	ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
locum	ent's effective date on the Department of State's records.
	and the second s
recor d is fil	d 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
u 13 111	cu.
	6/15/2020
Dated	
	Mul
	Signature of a member or authorized representative of a member