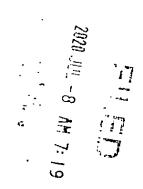
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AUG 1 9 2020 S. YOUNG

COVER LETTER

TO:

TO: Registration S Division of Co			
ROSEY B	ANGLES LLC		
SUBJECT:	Name of Lim	nited 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:	
	DEZMONE R TAYLOR		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	ROSEY BANGLES LLC		
		Firm/Company	
	142 HEATHER OAKS CI	IRCLE	
		Address	
	LADY LAKE, FL 32159		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
		_ at ()	
Name o	of Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he 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:		Street Address:	action
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ROSEY BANGLES LLC		
(Name of the Limited Liability C (A Florida Lin	lompany as it now appears on our records.) mited Liability Company)	<u>်</u>
The Articles of Organization for this Limited Liability Com Florida document number	apany were filed on 05/22/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I liability company here:	
The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	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 Changing Registered Agent, Signature of New Registered Agent

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
MGR	DEZMONE R TAYLOR	139 BAYOU CIRCLE #201	= Add
		LEESBURG, FL 34748	□Remove
			Change
			□Add
			Remove
			□Add
			Remove
			Change
			□Add
		***-	□Remove
			□Add
			□Remove
			Change
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
· · · · · · · · · · · · · · · · · · ·
······································
E. Effective date, if other than the date of filing:
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
Signature of a member or authorized representative of a member
DEZMONE R TAYLOR

Filing Fee: \$25.00

Typed or printed name of signee