L20000180693

(Rec	juestor's Name)	
(Add	lress)	
(Add	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	filing Officer:	
	1010101	

Office Use Only



400350934484

08/26/20--01026--025 **60.00



oco o roco

COVER LETTER

SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Roxane Mosleh Ginsberg		
		Name of Person	
	Roxane Mosleh Associated	s LLC	
		Firm/Company	
	420 Majors Path		
		Address	
	Southampton NY 11968		
		City/State and Zip Code	
	info@roxanemosleh.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information o	concerning this matter, please c	all:	
Roxane Mosleh Ginsber	g	at (917) 821-9459	
Name o	f Person	at (917) 821-9459 Area Code Daytime	: 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)

TO:

Registration Section **Division of Corporations**

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

2323 21 - 23 7... 8: 54

Roxane Mosleh Associates LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited	ny as it now appears or Liability Company)	our records.)
The Articles of Organization for this Limited L.	iability Company	were filed on 7/7/20	20 and assigned
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here:	
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		4585 Windward Co	ve Lane
		Wellington Florida 33449	
Inter new mailing address, if applicable:		420 Majors Path	
(Mailing address MAY BE A POST OFFICE BOX)		Southampton NY 1	1968
 			
3. If amending the registered agent and/or agent and/or the new registered office addre		address on our reco	rds, enter the name of the new regist
Name of New Registered Agent:	Roxane Mosleh	n Ginsberg	
New Registered Office Address:	4585 Windward	l Cove Lane	
1.16		Enter Florida :	street address
	Wellington		, Florida
		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

2020 AU 1 2 3 AU 18: 54

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Roxane Mosleh Ginsberg, Officer	4585 Windward Cove Lane Wellington FL 33449	≣Add
			Remove
			□Change
<u>.</u>			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Add
			Remove
			□Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			Change
		·	
			□Remove
			□Change

i am	a Real Estate broker and am required to be the officer/director or managing member of my own ELCS: 24
Thank	ret.
-	
	late, if other than the date of filing: (optional)
	e 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 605.0 e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
	effective date on the Department of State's records.
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
iled.)
	a/2n $2n2n$
l	8/20 2020
-	Signature of a member of authorized representative of a member