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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration So Division of Cor			
SUBJECT: The	ROSE LIP Name of Limi	LACIO LLC aed Liability Company	· · •
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		P. H. J. I.	
	The Rose	LIP LAdy L	
	1140 Kenda.	11 Town Blvd Address	#3202
	Jacksonus	ILFL 322 City/State and Zip Code	225
	<u>hallmela</u> E-mail address: (1	anie 23 69 job o be used for future annual reportion	Mail.Com
For further information c	concerning this matter, please ca	all:	
Melanie Name o	H211 of Person	at $(904)$ Daytin	17-2862 ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	X S30.00 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 1 Division of C	Section	Street Address: Registration Se Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Rose Lip Lady  (Name of the Limited Liability Compa (A Florida Limited)	uny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2 000 0 18 0 13</u> 9	were filed on TUIY 01, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable:	1140 Kendall Town Blvd.
(Principal office address MUST BE A STREET ADDRESS)	1140 KENDAH TOWN BIVOL. # 3202 Jacksonville, FL 32225
Enter new mailing address, if applicable:	1140 Kendall Town Blud.
(Mailing address MAY BE A POST OFFICE BOX)	1140 Kendall Town Blud. # 3202 Jacksonville, FL 32207
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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 (2) 1 - 31 All 7: 78	Type of Action
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			□Remove
			□Change
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`an effe <del>Vote:</del>	ve date, if other than the date of filing:
d is fil	
ated j	August 27 . 2020.
	August 27  Melane P. Hall  Signature of a member or authorized representative of a member  Melanie Datrill Hall
	Mclanie Patrice Hall Typed or printed name of signce