## K20000311436

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## **COVER LETTER**

FO: Registration S Division of Co			
SUBJECT:	Bana Rosa	Picks LLC	
· <u></u>	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	M	and Cadlet	
	, ,	Name of Person	
		Firm/Company	
	<u>4926 pine</u>	YNOTE IN WPB,	FC 33417-
	<u> </u>	3, FL 33417 City/State and Zip Code	
	BCIIC E-mail address: (1	10.40109 COMUL to be used for future annual report noti	fication)
for further information (	concerning this matter, please ca	ill:	
Marie o	IA CACLET	at (SQ) Daytim	-7760 e Telephone Number
inclosed is a check for t	he following amount:		
P\$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)
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BCIVI ROSCI	BICA LLC	
( <u>Name of the Limited Liability Comp</u> (λ Florida Limited	iny as (I now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Torida document number 1.20000311436.		and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:	
Mana Rosa Lic		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3900 N Havemu	IRD
Principal office address MUST BE A STREET ADDRESS)	_ Unit # 2239U	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	west palm bea	Cn <sub>1</sub> FL 33417
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	<u> </u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	9: 21:
	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 wing 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>l'itle</u>	Name	Address	Type of Action
MGR	Bertand Coalet	1057 Center Stone lane	□Add
		RIVIPIA BEACH IFL 3340	Remove
			□Change
			□ Add
		<del></del>	□Remove
		<del></del>	□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change

o. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Mana Caclet Snowallony Marager at
the following cidaless
3900 N HAVINIII RD
BOX 223941
WPB, FL 3341)
<u></u>
•
Effective date, if other than the date of filing:
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 cord is filed.
Dated FCD VALY IST 2021  Signature of a member of abshorized-representative of a member
Typed or printed name of signec