## L20000342498

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(Address)
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## **COVER LETTER**

TO: Registration So Division of Con				•
Patte De Re	ose LLC	,		
SUBJECT:	Name of Lin	ited Liability Company		
	Amendment and fee(s) are sub	-		
Please return all correspo	ondence concerning this matter	to the following:		
	Rosemarie N Munn			
		Name of Person		
	Patte De Rose LLC			
		Firm/Company		
	5607 78th Ave E			<b>202</b> SE
		Address		CRE
	Palmetto, FL 34221			2021 JUN 28 SECRETAR TALLAHA
	rosemunn21@gmail.com	City/State and Zip Code	<del></del>	(n)-<
		to be used for future annual report notifica	ution)	PM 3: 10 OF STATE SSEE. FL
For further information of	oncerning this matter, please c	all:		m 0
Rosemarie N Munn		941 447-3 <del>9</del> 05		
Name o	of Person	Area Code Daytime T	elephone 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)	Certified C	of Status &
<u>Mailing Addres</u> Registration	Section	<u>Street Address:</u> Registration Secti		
Division of C	Corporations	Division of Corpo	rations	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Patte De Rose LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our record Liability Company)	<u>m</u>
The Articles of Organization for this Limited Liability Company	were filed on 10/28/2020	and assigned
Florida document number L2000342498		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Rosebuds Collections LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		171 J
(Principal office address MUST BE A STREET ADDRESS)		-in <u>E</u>
	<del></del>	28 ARY
		PH
Enter new mailing address, if applicable:		nion co
(Mailing address MAY BE A POST OFFICE BOX)		FATE 0
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	5
	. Fle	orida
	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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
	***************************************		
			□Remove
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