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| PICK-UP                 | ☐ WAIT            | MAIL          |
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| (Do                     | cument Number)    | · · · · · · · |
| Certified Copies        | _ Certificates    | of Status     |
| Special Instructions to | Filing Officer:   |               |
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## **COVER LETTER**

TO:

| TO: Registration Division of C  |  |   |   |     |
|---|--|---|---|-----|
|   | T-ROSE & FAMILY LLC                          |   |   |     |
| SUBJECT:  | Name of Lir                                  | nited Liability Company   | <del></del>   |     |
| The enclosed Articles   | of Amendment and fee(s) are sui              | bmitted for filing.   |   |     |
| Please return all corres  | pondence concerning this matter              | r to the following:   |   |     |
|   | WORREL A WRIGHT                              |   |   |     |
|   |  | Name of Person  |   |     |
|   | WRIGHT-ROSE & FAM                            | ILY LLC   |   |     |
|   |  | Firm/Company  |   |     |
|   | 5992 NW 19TH ST, APT                         | 1   |   |     |
|   |  | Address   |   |     |
|   | LAUDERHILL, FL 3331                          | 3   | 2020<br>TA  |     |
|   | keshiarose05@yahoo.com                       | City/State and Zip Code   | 2020 DEC TO   | 3 ( |
|   | E-mail address:                              | (to be used for future annual report notifica   | ition)  | : ] |
| For further information   | concerning this matter, please               | call:   | ition)  |     |
| WORREL WRIGHT   |  | 954 865-4793  |   |     |
| Name  | e of Person                                  |   | elephone Number   |     |
| Enclosed is a check for   | the 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |     |
| Mailing Add<br>Registration<br>Division of<br>P.O. Box 6<br>Tallahassee | n Section<br>Corporations<br>327             | Street Address: \( \simeq \) Registration Section Division of Corpoon The Centre of Tall 2415 N. Monroe Society Tallahassee, FL 3 | orations<br>lahassee<br>Street, Suite 810   |     |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WEIGHT-ROSE & FAMILY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/03/2020 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: WRIGHT-ROSE & FAMILY LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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   |
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| Effec            | tive date, if other than the date of filing: (option feetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fil |                      | u to 605 0200 |
| Note             | If the date inserted in this block does not meet the applicable statutory filing requirements, this dener is effective date on the Department of State's records.           |                      |               |
| docu             | nent seriective date on the bepartment of state streetids.  |                      |               |
| he rec<br>ord is | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) filed.  | The 90th d           | ay after the  |
| Date             | 150 12-8-2020.<br>Devel Dright  |                      |               |
|                  | Maria Dinks   |                      |               |
|                  |   |                      |               |

Typed or printed name of signee