## L20000396382

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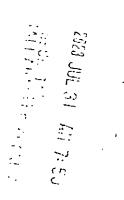
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

ROSEMBERT-JOSEPH CONSULTING SERVICES, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: LOURNA JOSEPH Name of Person ROSEMBERT-JOSEPH LAW, LLC Firm/Company 11020 SW 25TH CT, APT 7108 Address MIRAMAR, FL 33025 City/State and Zip Code LOURNA@RJLEGAL.SUPPORT E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LOURNA JOSEPH Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ■ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## ROSEMBERT-JOSEPH CONSULTING SERVICES, 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 APRIL 20, 2023	and assigned		
Florida document number L20000396382				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
ROSEMBERT-JOSEPH LAW, LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	11020SW 25TH CT			
(Principal office address MUST BE A STREET ADDRESS)	APT 7108			
	MIRAMAR, FL 33025			
Enter new mailing address, if applicable:	11020SW 25TH CT			
(Mailing address MAY BE A POST OFFICE BOX)	APT 7108			
	MIRAMAR, FL 33025	20		
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 State Devices and Assess				
Name of New Registered Agent:		2: cn		
New Registered Office Address:	Enter Florida street address	<u> </u>		
	Emer Fiorida street address			
<del> </del>	, Florid	a		
New Registered Agent's Signature, if changing Registered Agent:	•	THE STATES		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I furthe performance of my duties, and I provided for in Chapter 605, F.S.	am familiar with and Or, if this document is		

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>	<u>Address</u>	Type of Action
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ffective date, if other than an effective date is listed, the date lote: If the date inserted in thi ocument's effective date on the	must be specific a s block does not	nd cannot be prior t meet the applic	to date of filing or neable statutory filin	nore than 90 days after	t <b>ional)</b> er filing.) Pursuant to G nis date will not be l	505.020 isted as
	ctive date, but n	ot an effective t	ime, at 12:01 a.m.	on the earlier of: (	(b) The 90th day a	fter the
l is filed.		2023				
l is filed.	1 -	2023	·			
record specifies a delayed effer its filed.	V A		orized representative			

Filing Fee: \$25.00