L210000 11289

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiliess Enuty Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

	egistration Sec ivision of Corp			
211212	ROSALES			í
SUBJECT	:	Name of Limi	ited Liability Company	
The enclos	ed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	rn all correspor	ndence concerning this matter	to the following:	
		MANUEL E ROSALES		
			Name of Person	
			Firm/Company	<u> </u>
		1800 NW 24 AVE AP		
			Address	
		MIAMI, FL 33125		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report not	fication)
For further	information co	oncerning this matter, please ca	all:	
MANUEL	E ROSALES		786 2852549 at ()	
***************************************	Name of	Person		e Telephone Number
Enclosed is	s a check for th	e following amount:		
€ \$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Igiling Address egistration S		Street Address: Registration Se	ection

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

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROSALES SA LLC

(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
	A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia Horida document number L21000011289	ability Company were filed on 01/01/2021	and assigned
his amendment is submitted to amend the follo	wing:	
a. If amending name, enter the new name of	the limited liability company here:	
he new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applica	able:	
Principal office address MUST BE A STREET	T ADDRESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	<u></u>	
		·
	· .	
	gistered office address on our records, enter the	name of the new regi
gent and/or the new registered office address	s nerg:	
		; 1
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a ~~

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 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
MGR	MANUEL E ROSALES	1800 NW 24 AVE APT: 505	
		MIAMI,FL 33125	□Remove
			⊡ Change
AMBR	MANUEL E ROSALES	1800 NW 24 AVE Apt 505	\(\vec{\vec{\vec{\vec{\vec{\vec{\vec{
		MIAMI, FL 33125	□Remove
			□Change
			bbA□
			□Remove
			Change
			∐Add
			□Remove
			Change
			□Add
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			□Remove
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Note: If	e date, if other tive date is listed, the the date inserted it's effective date	in this block do	es not mee	t the applic	abie statutoi	ng or more th	(op an 90 days aff uirements, t	tional) er filing.) Pu his date wil	rsuant to 605.02 I not be listed	207 (1 Las tř
e record s rd is filed	specifies a delaye l.	d effective date,	but not an	effective ti	ime, at 12:0	l a.m. on th	e earlier of:	(b) The 90	th day after t	:he
JA Dated	ANUARY 25		:	2021	<u>.</u> .					
			h				member			
		Signati								
		0151121	ire or a mer	mber or auth	orized represe	entative of a	member			

Filing Fee: \$25.00