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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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2021 SEP 24 AM 7: 35

CETUS 2021

## **COVER LETTER**

Division of Cor	porations				
Roselyn L.	L.C				
SUBJECT:	Name of Lim	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspond	ondence concerning this matter	to the following:			
	Josselyn Sanchez				
		Name of Person	<u></u>	_	
		Firm/Company	···· ···	-	
	24943 sw 128th ct				
	<del></del>	Address		-	
	Homestead, Florida, 33032	2			
		City/State and Zip Code		_	
	Josselynnsanchez@yahoo.c	com		202 S.E. T.	
	E-mail address: (	to be used for future annual report notif	ication)	AL S	4.3
For further information of	concerning this matter, please c	all:		2021 SEP 24 AM 7: SECRETATIONS TO SECRETATION OF THE PROPERTY AND ASSOCIATION OF THE PROPERTY	4.9  -  - 49
Josselyn Sanchez		786 2059270			
Name o	of Person		Telephone Numbe	7:35	يويو. محمد
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	ate of Status &	

Mailing Address:

**Registration Section** 

TO:

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

Street Address:

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

pany as it now appears on our records.) d Liability Company)	
ny were filed on 01/04/2021	and assigned
ibility company here:	
bility Company," the designation "LLC" of	or the abbreviation "L.L.C."
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e address on our records, <u>enter th</u>	e name of the new regist
Enter Florida street address	
F1	ida
, Flor	Zip Code
	e address on our records, enter the

## 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>	<u>Name</u>	Address	Type of Action
CEO	Josselyn N. Sanchez	24943 sw 128th ct Homestead, Fl, 33032	□Add
			□Remove
			<b>=</b> Change
MGR	Josselyn N. Sanchez	24943 sw 128th et Homestead, Fl. 33032	<b>=</b> Add
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and the state of the state of	09/20	0/2021			b	
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te: If the date inserted in this block ument's effective date on the Depa			itutory filing re	quirements, this	date will no	ot be listed a
cord specifies a delayed effective d s filed.	ate, but not an effe	ctive time, at	12:01 a.m. on t	he carlier of: (b)	The 90th	day after the
i inca.						
September 20 ed	2021					
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