

121000113090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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05/26/21--01011--017 **30.00

21 MAY 26 PM 3:49

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROSATO'S & SONS LLC

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:

MARTHA CHAVES

Name of Person

RAPID TAX SOLUTIONS AND MORE

Firm/Company

2820 MICHIGAN AVE

Address

KISSIMMEE, FL 34744

City/State and Zip Code

RAPIDTAXFL@OUTLOOK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARTHA CHAVES

407 415-4465

at ()

Name of Person

Area Code

Daytime Telephone 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,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

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**

21 MAY 26 PM 3:49

ROSATO'S & SON 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 03/09/2021 and assigned
Florida document number 1.2000113090.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

PALMINA ROSATO MONDELLO

New Registered Office Address:

3041 PATTERSON GROVES DR

Enter Florida street address

HAINES CITY

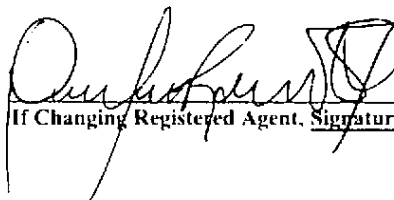
Florida 33844

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

MAY 26 PM 3:49

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	PALMINA ROSATO	3041 PATTERSON GROVES DR	<input type="checkbox"/> Add
		HAINES CITY, FL 33844	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	PALMINA ROSATO MONDELLI	3041 PATTERSON GROVES DR	<input checked="" type="checkbox"/> Add
		HAINES CITY, FL 33844	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	ALVARO RADA	3041 PATTERSON GROVES DR	<input type="checkbox"/> Add
		HAINES CITY, FL 33844	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ALVARO JOSE RADA BARRETO	3041 PATTERSON GROVES DR	<input checked="" type="checkbox"/> Add
		HAINES CITY, FL 33844	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

AS PER BANK REQUEST NAMES HAVE TO MATCH EXACT NAME ON FLORIDA DRIVER LICENSE.

WE ARE ALSO CHANGING TITLES AS CORPORATION IS AN LLC AND TITTLE MSUT BE AMBR NOT
P OR VP.

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E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MAY 20TH 2021

Signature of a member or authorized representative of a member

PALMINA ROSATO MONDELLO

Typed or printed name of signee

Filing Fee: \$25.00