

4/29/2021

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MILBERY & KESSELMAN CPAS, LLC
Account Number : I20180000053
Phone : (954)583-3223
Fax Number : (954)583-3259

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ROSSCO MD, LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$25.00

MAY - 3 2021

M. SOLOMON

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROSSCO MD, 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:

FREDERICK SCOTT ROSS

Name of Person

ROSSCO MD, LLC

Firm/Company

1256 MANOR DRIVE SOUTH

Address

WESTON, FL 33326

City/State and Zip Code

FSCOTTROSSCO@GMAIL.COM

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

For further information concerning this matter, please call:

FREDERICK SCOTT ROSS

305 987-6763
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ROSSCO MD, 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 23, 2021 and assigned
Florida document number L21000174650.

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:

FREDERICK SCOTT ROSS

New Registered Office Address:

1256 MANOR DRIVE SOUTH

Enter Florida street address

WESTON

City

Florida 33326

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

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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>	<u>Type of Action</u>
AMBR	SCOTT ROSS	1256 MANOR DRIVE SOUTH	☐ Add
		WESTON FL 33326	☒ Remove
			☐ Change
AMBR	FREDERICK SCOTT ROSS	1256 MANOR DRIVE SOUTH	☒ Add
		WESTON FL 33326	☐ Remove
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WASHINGTON, D.C.

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Dated APRIL 28 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00