Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000239584 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : THE KLEIN GROUP

Account Number : T20190000115 : (561)419-9995 Phone

: (954)340-9005

Fax Number

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 ROZ, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT #21000 239584 3 TO ARTICLES OF ORGANIZATION OF

ROZ, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) inbility Company)
The Articles of Organization for this Limited Liability Company Florida document number L21000241592	were filed on May 24, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	70 2
(Principal office address MUST BE A STREET ADDRESS)	ASS ASS TO THE PROPERTY OF THE
Enter new mailing address, if applicable:	
(Malling address MAY BE A POST OFFICE BOX)	F STATE FLORIDA
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	Enter Florida street address
	City Piorida 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

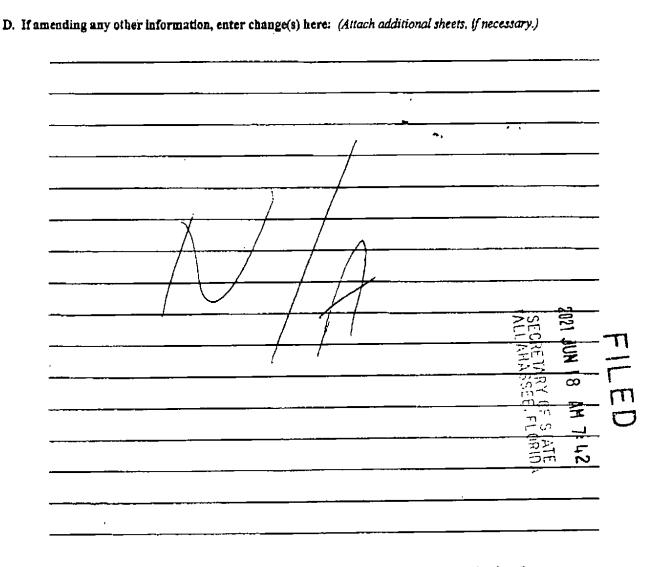
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: H21000239584 3

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action.
MGMR	CAROL ROOT	2005 HILL ST	= Add
		NEW SMYRNA BEACH, FL 32169	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Add
			□Remove
			Change
		·	□ Add
			🗀 Remov e
			□Change
			□Remove
			☐ Change

H21000239584 7



(optional) 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 ____

2021

Signature of a member or authorized representative of a member

CAROL ROOT

CARUL (COUT
Typed or printed name of signes

H21000239584 3