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(Requestor's Name)
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COVER LETTER

TO:

FO: Registration Sec Division of Corp			
SUBJECT: ROS	SSOW HOLDING	S. LLC	
SUBJECT:P_(/)	Name of Lim	ited Liability Company	
The enclosed Articles of 2	Amendment and fee(s) are sub-	mitted for filing.	
Tease return all correspor	ndence concerning this matter	to the following:	
	JAI	1 ROSSOW	
		Name of Person	
			<u></u>
		Firm/Company	
	<u>1790 Bo</u>	Sque Cir # 20	
	naliboux	ne. En 37940	
	Merpow	City/State and Zip Code	
	Jay ros	Ne Fr 32940 City/State and Zip Code SOW 1 & G May 1 to be used for future annual report notif	I-CÒM
For further information co	incerning this matter, please co		
		_	0027
Name of	OSSOW Person	at (<u>SUI) 324</u> Atea Code Daytimo	Telephone Number
Enclosed is a check for the	e 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 S Division of Co P.O. Box 6321 Tallahassee, F	ection orporations 7	Street Address: Registration Sec Division of Corp The Centre of T2415 N, Monroe Tallahassee, FL	porations allahassee : Street, Suite 810 —

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED

2021 AUG 20 PM '8: 43 The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>U</u> 21 00027 440.07 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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:		
New Registered Office Address:		
	Enter Florida Areet address	
	Florida	
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JAY ROSSOW	2780 BOSGUE CIR #201	Add
		melbourne Pr 32940	□Remove
			□Change
AMBR	Dawn goodwin	2790 Bosque Ci2 # 201	
		Melbourne Fr 32940	□Remove
		<u> </u>	□Change
			□Add
			🗆 Remove
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ord spe filed.	cifies a d	elayed eft	ective date	, but not :	in effecti	ve time, a	t 12:01 a.i	n, on the e	arlier of: (b) The 90	0th day after	r the
1 <u> </u>	tug	ust	195°	1	20	<u>21</u> .						
_			Signa	igre of a m	iember or	authorized	representa	ive of a me	nber			