Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H21000296091 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 : MYLLC.COM, INC. Account Number : 120130000077

Fax Number

: (888)886-9552 : (888)776-9552

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

> EmailAddress: filings@myllc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MOLANO ROSE SHORES LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H21000296091 3)))

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

Molano Rose Shores LLC		
(Name of the Limited Liability Compa (A Florida Limited I	iny as it new appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 08/03/2021	and assigned
Florida document number <u>L21000349938</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Molano Rose Venturing LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	c 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		_
		W. 75 282
B. If amending the registered agent and/or registered office	address on our records, enter the r	name of the new register
agent and/or the new registered office address here:		AUG T
Name of New Registered Agent:		\$. v
1,000		7
New Registered Office Address:	Enter Florida street address	ct :
	thister t. I.A. befor Tile an moore 1950.	1 1 0 E
	, Florida	Zip Code
	City	Zip Code

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

(((H21000296091 3)))

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
			□Change
			□Add
			Петюче
			□Change
			DAdd
			Remove
			Remove
			Change
			Remove
			☐ Change
			□Add
			□ Remove
			☐ Change

						
					_	
						 -
		<u> </u>				
		<u> </u>				_
		<u> </u>		·	<u>-</u>	
						
						
		<u> </u>				<u>-</u>
					<u> </u>	
					<u> </u>	
Tective date, if other than an effective date is listed, the dat ote: If the date inserted in the ocument's effective date on the	his block does re	ot meet the appli	cable statutory:	(opt or more than 90 days aft filing requirements, th	tional) or filing.) Pursuant t nis date will not b	o 605.0207 e listed as
ecord specifies a delayed efficient	fective date, but	not an effective	time, at 12:01 a	m, on the earlier of: (<u> </u>	the 21
					1	AUG
ated August 5, 2021			2	9	ው : ያስ ! ያስ ! ያክ ር	-2
4 1 (11 ~ 1	X		~~~~	•	70 6
	Signatural	a member of aut	porized represent	tive of a member	2000 2000 2000 2000 2000 2000 2000 200	