

121000426416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

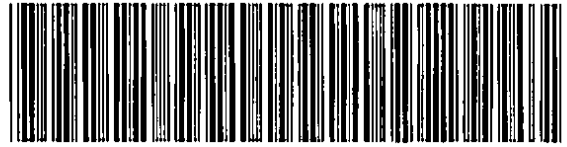
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2022 JAN 10 PM 2:18  
SECRETARY OF STATE  
TALLAHASSEE, FL

JAN 11 2022



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 20, 2021

ROSE M. CHERISMA  
4214 42ND WAY  
WEST PALM BEACH, FL 33407

SUBJECT: ROSE CHERISMA ENTEPRISE LLC  
Ref. Number: L21000426416

We have received your document for ROSE CHERISMA ENTEPRISE LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

You must send the complete Amendment form and it must be signed. I am enclosing the form. NOTE: You may also correct the spelling of the word "enterprise"

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 721A00030716

RECEIVED  
DEC 21 2021  
CORPORATIONS  
DIVISION

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ROSE Cherisma ENTERPRISE 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:

ROSE M Cherisma  
Name of Person

ROSE Cherisma ENTERPRISE LLC  
Firm/Company

4214 42nd way  
Address

WEST palm beach FL 33407  
City/State and Zip Code

ROSE Milaine@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSE M Cherisma at (561) 628-4585  
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

2022 JAN 10 PM 2:19

ROSE Cherisma ENTERPRISE LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 01-01-2022 and assigned  
Florida document number L210000426416

This amendment is submitted to amend the following:

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

ROSE Cherisma ENTERPRISE LLC

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 street 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

[illegible]

[illegible]

(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)

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.

Bob M. Chenosa  
Signature of a member or authorized representative of a member

Rose M. Chelishnow  
Typed or printed name of signee

**Filing Fee: \$25.00**