121000433630

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T. MATTHEWS DEC 13 2021

COVER LETTER

	vision of Corp			
con oraș		OFFEE LLC		
SUBJECT	:	Name of Limi	ted Liability Company	
The enclose	ed Articles of z	Amendment and fee(s) are sub-	nitted for filing.	
Please retur	n all correspon	ndence concerning this matter	to the following:	
		ROUDELINE SAINTLOU	TIS	
			Name of Person	
		ROSADO COFFEE LLC		
			Firm/Company	
		1650 NW 2ND TERR Ą CE		
Address POMPANO BEACH FL 33060				
		POMPANO BEACH FL 3.	3060	
			City/State and Zip Code	
		saintlouisdoranah@gmail.cc	om to be used for future annual report not	ification)
For further	information co	oncerning this matter, please co		
			754 232 8313	
ROUDELINE SAINTLOUIS Name of Person		at () Area Code Daytin	ne Telephone Number	
	,		•	·
Enclosed is	s a check for th	ne 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)
R	Lailing Addrest egistration Solvision of C	Section	Street Address: Registration So Division of Co	
	O. Box 632		The Centre of	•

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 21 RGV 29 RV 9: 07

ROSADO COFFEE LLC		
(Name of the Limited Liability Compa (A Florida Limited I	my as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company lorida document number <u>L21000433630</u> .	were filed on 11/23/2021 and assign	ned
his amendment is submitted to amend the following:		
x. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	hity Company," the designation "LLC" or the abbreviation "L.L.C	
Inter new principal offices address, if applicable:	ROUDELINE SAINTLOUIS	
Principal office address MUST BE A STREET ADDRESS)	1650 NW 2ND TERRACE	
The office duties, seed 2527 Constitution	POMPANO BEACH FL 33060	
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter the name of the new i</u>	registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Elorida	

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.

City

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our <u>records</u>:

MGR = Manager AMBR = Authorized Member 21 KOV. 25 Am 9: 07

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ROUDELINE SAINTLOUIS	1650 NW 2ND TERRACE	= Add
		POMPANO BEACH FL 33060	□Remove
			□Change
			[] Add
			□Remove
			□Change
			🗆 Add
			□Remove
		-	Cl Change
	<u></u>		□Add
			□Remove
			(☐Change
			□Add
			[]Remove
			□ Change
			□Add
			□Remove
			Change

_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) 21 FOR 25 FOR 9: 07
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iote: !	ve date, if other than the date of filing: 11/23/2021 (optional)
record Lis file	I 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 ed.
ated _	NOVEMBER 23 . 2021
	60 Latt 1/1/1/1
	Signature of a member or authorized representative of a member
	- I I ·
	ROUDELINE SAINTLOUIS

Filing Fee: \$25.00