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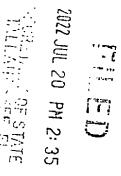
(F	Requestor's Name)	
——————————————————————————————————————	Address)	
(A	Address)	
(0	City/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(E	Business Entity Nar	ne)
(C	Occument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	o Filing Officer:	
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Office Use Only



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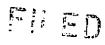
A. BUTLER OCT 13 2022

COVER LETTER

TO:

	Registration Se Division of Cor			
SUB IEC	ROSY KIN	LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	sed Articles of .	Amendment and fec(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		ROSAINE QUINTANA		
			Name of Person	
		ROSY KIN LLC		
			Firm/Company	
		175 SW 7TH ST UNIT 12	09	
			Address	
		MIAMI, FL 33130		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		BRICKELLASHES@GMA	AIL.COM to be used for future annual report not	ification)
For furthe	er information co	oncerning this matter, please c		nication,
	E QUINTANA		305 504-4517	
KOSAIN	Name of	f Dargan	at ()	ne Telephone Number
	Name of	rerson	Mea Code Dayiii	ne relephone valuet
Enclosed	is a check for th	ne following amount:		
\$25.0	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)
<u> </u>	Mailing Addres	<u>s:</u>	Street Address:	
	Registration S		Registration Se Division of Co	
	Division of C P.O. Box 632		The Centre of	•
٦	Fallahassee, F	FL 32314	2415 N. Monro Tallahassee, FI	be Street, Suite 810 L 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ROSY KIN LLC

2022 JUL 20 PM 2: 35

(Name of the Limited Liability Comp (A Florida Limited	Liability Company) The Liability Company) The Liability Company
he Articles of Organization for this Limited Liability Company lorida document number <u>L22000062037</u>	y were filed on $\frac{02/07/2022}{}$ and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liab	bility company here:
I/A	
ne new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	175 SW 7TH ST UNIT 1209
Principal office address MUST BE A STREET ADDRESS)	MIAMI. FL 33130
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	851 NE FIRST AVE APT 2605 MIAMI, FL 33132
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the name of the new regist
Name of New Registered Agent: N/A	
New Registered Office Address:	Enter Floridu street address
	Emer Fibrial Street address
	, Florida City Zip Code
	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 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>	Name	Address	Type of Action
AR	MRS ROSAINE QUINTANA	900 BISCAYNE BLVD UNIT 4910	
		MIAMI, FL 33132	■Remove
			□ Change
MGR	ROSAINE QUINTANA	851 NE FIRST AVE APT 2605	= Add
		MIAMI, FL 33130	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
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			□Add
			Remove

_ □Change

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