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## **COVER LETTER**

TO: Registration Se Division of Cor			
LA VIE E	N ROSE INVESTMENT LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	CELIA Z KAHN		
		Name of Person	
	LA VIE EN ROSE INVES	TMENT LLC	
		Firm/Company	
	5215 27ΓH AVE S.		
		Address	<del></del>
	GULFPORT, FL 33707		
	CELIAZ@ME.COM	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	fication)
For further information of	concerning this matter, please ca	all:	
CELIA Z KAHN		818 512-3567	•
	Ch.	at () Area Code Daytime	e Telephone Number
Name (	of Person	Area Code Dayton	receptione stander
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 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

VIE EN ROSE INVESTMENT LLC			
(Name of the Limited Lia) (A Flo	pility Company as it now apperida Limited Liability Company	ears on our records.)	
Organization for this Limited Liability t number	Company were filed on	MARCH 3, 2022	and assigned
is submitted to amend the following			
name, enter the new name of the li	mited liability company	<u>here</u> :	
be distinguishable and contain the words "I		e designation "LLC" or the abbro	
address MUST BE A STREET AD	DRESS)		<u></u> _
ng address, if applicable:			<b>F</b> 1
(Mailing address MAY BE A POST OFFICE BOX)		7.7 37	9
the registered agent and/or registe e new registered office address her	red office address on our	records, enter the name	- <u>N</u>
	LIA Z KAHN		
egistered Office Address: 52	15 27TH AVE S		<u> </u>
		lorida street address	. <del></del>
G(, 		, Florida	Zip Code
egistered Office Address:		2270	

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
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			□Remove
			□ Change
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on				(ontional)	
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lote: If the date inserted in this blo ocument's effective date on the De	ck does not meet the	e applicable statutor	y filing requiremen	ts, this date will not b	e listed
beament's effective date on the 124		. • • • • • • • • • • • • • • • • • • •			
e record specifies a delayed	effective date.	but not an effec	tive time. at 12	:01 a.m. on the e	arlier
The 90th day after the reco	rd is filed.		,		
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