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COVER LETTER

TO: Registration Se Division of Cor				4 1
ROSSOLE	•		•	*Z+ ,u
SUBJECT:		ited Liability Company		
		····		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	endence concerning this matter	to the following:		
	Suzane Rossoletti			
		Name of Person		
	Rossoletti, LLC			22 AUG
		Firm/Company		3
	1280 Eucalyptus Drive Un	iit 4		8
		Address	 	<u>-</u> P
	Hollywood, FL 33021			ဒ: 30
	suzanerossoletti@gmail.co	City/State and Zip Code		
	E-mail address: (to be used for future annual report not	ification)	
For further information of	oncerning this matter, please c	all:		
Suzane Rossoletti		954 268-5746		
	<u> </u>	at ()		_
Name o	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he 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 F Certificate of S Certified Copy (additional copy is	Status &
<u>Mailing Addre</u>		Street Address:		•
Registration		Registration Se		
Division of C P.O. Box 632		Division of Co The Centre of	-	
Tallahassee.			e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROSSOLETTI, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number _____L22000160497 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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

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
MR	Nicholas Rossoletti	1280 Eucalyptus Drive Unit 4, Hollywood Fl 33021	□Add
			≣Remove
			🗀 Change
MGR	Suzane Rossoletti	1280 Eucalyptus Drive Unit 4, Hollywood Fl 33021	∃Add
			= \ndd
			□Remove
			22 A Sign
		22 Au G 16 PM 30	
		— □Remove 3	
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fective date, if other than the	date of filing:	 	4.00	(optional)	40 5 00
an effective date is listed, the date must ote: If the date inserted in this blo	ck does not meet the	applicable sta	of filing or more than stutory filing requi	90 days after filing.) Pur rements, this date will	suant to 605.02 I not be listed
ocument's effective date on the De	partment of State's r	ecords.			
record specifies a delayed effective is filed.	date, but not an effe	ective time, at	12:01 a.m. on the e	arlier of: (b) The 90	ith day after th
	2000				
August 13th ated	2023	<u>;</u>			
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MONTAL(1)	r Kondani	•	presentative of a me		
					

Filing Fee: \$25.00