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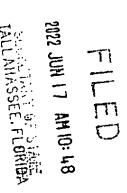
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COVER LETTER

Division of Corporations Roselle Gallery LLC SUBJECT: 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: Rosa Elena Leon Name of Person Roselle Gallery LLC Firm/Company 16132 NW 14th Court Address Pembroke Pines, Fl 33028 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rosa Elena Leon 436-0936 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address:

TO:

Registration Section

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

| Roselle Gallery | / LLC | |
|--|--|---|
| (Name of the Limited Liability Co (A Florida Limi | mpany as it now appears on our records. ited Liability Company) |) |
| The Articles of Organization for this Limited Liability Comp | any were filed on May 2nd. 2022 | and assigned |
| Florida document number L22000206007 | | |
| 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 L | Liability Company," the designation "LLC" (| or the abbreviation "L.1C." |
| Enter new principal offices address, if applicable: | | 5. 28 |
| Principal office address MUST BE A STREET ADDRESS | <u> </u> | [] |
| | - | ¥ |
| | | Sec > III |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | 9 1 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 |
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| 3. If amending the registered agent and/or registered offingent and/or the new registered office address here: | ice address on our records, <u>enter th</u> | ie name of the new regi |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | _ |
| | , Flor | |
| | 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

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 |
|--------------|-----------------|--------------------------|-------------------------|
| MGR | Rosa Elena Leon | 16132 NW 14th Court | ■Add |
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| fective date, if other tha | in the date of fi | ling: | | | _ (optional) | | |
| on effective date is listed, the date: If the date inserted in | ate must be specific this block does n | and cannot be pri of meet the app | or to date of filin licable statutor | g or more than 90 c y filing requireme | ays after filing.) ents, this date | Pursuant to will not be | 605,020 listed a |
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