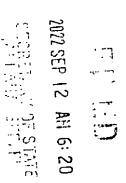
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(Re	questor's Name)	
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations

·ubuct.		OSE RESTAURANT LLC		
OBARC I:		Name of Limit	ed Liability Company	
The enclose	d Articles of A	mendment and fee(s) are subm	nitted for filing.	
lease retur	n all correspon	dence concerning this matter t	o the following:	
		SERGINE BADIO JEAN F	RANCOIS	
			Name of Person	
		ROCHER ROSE RESTAU	RANT LLC	
			Firm/Company	
		225 WEDGEWOOD CR		
			Address	
		GREEN ACRES FL 33463		
			City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notifi	cation)
For further	information co	ncerning this matter, please ca	all:	
SERGINE	BADIO JEAN	FRANCOIS	561 634 6442	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	s a check for th	e following amount:		
☲ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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

ROCHER ROSE RESTAURANT LLC

(Name of the Limited Liability Company as it now appears on our records.) 12 Art 6: 21

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on JUN 17,2022 1	1.77 and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LI	LC" 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 : agent and/or the new registered office address here:	iddress on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
Tittine of their registered regent.		
New Registered Office Address:	Enter Florida street add	TPSS
	,]	Florida
Naw Desistand Agentle Signature if changing Degistered Agents	•	

New Registered Agent's Signature, it 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>	<u>Name</u>	Address	Type of Action
MGR	WILENE PINET	20844 NW 9TH PATH MIAMI GARDNS FL 33169	
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			□Change
			□Add
			□Remove
			[]Change
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			□Add
			DRomove
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			□Add
			[]Remove
			□Change

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Note: 1	AUGUST 6,2022 (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 f the date inserted in this block does not meet the applicable stantory filing requirements, this date will not be listed and on the Department of State's records.
e record rd is file	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
Dated [/]	AUGUST 6,2022
- Luce	7,2-3
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00