## L22000378419

(Re	equestor's Name)	
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PICK-UP	Mait	MAIL
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Certified Copies	_ Certificate:	s of Status
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## **COVER LETTER**

TO: Registration Section

Division of Cor	porations		
	Lawrence, 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 correspo	ondence concerning this matter	to the following:	
	Rachel L. Lawrence		
		Name of Person	
	Rachel L. Lawrence, LLC		
		ce, LLC  Name of Limited Liability Company  diment and fee(s) are submitted for filing.  concerning this matter to the following:  chel L. Lawrence  Name of Person  chel L. Lawrence, LLC  Firm/Company  630 Roseto Court  Address  rt Myers, FL 33913  City/State and Zip Code  net.lawrence 121@gmail.com  15-mail address: (to be used for future annual report notification)  ing this matter, please call:  1517  17927-2086  1817  Area Code  Daytime Telephone Number  1830.00 Filing Fee & S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)  Street Address:  Registration Section Division of Corporations	
	Name of Limited Liability Company  Cles of Amendment and fee(s) are submitted for filing.  Parrespondence concerning this matter to the following:  Rachel L. Lawrence  Name of Person  Rachel L. Lawrence. LLC  Firm/Company  11630 Roseto Court  Address  Fort Myers, FL 33913  City/State and Zip Code  rachel.lawrence121@gmail.com  E-mail address: (to be used for future annual report notification)  ation concerning this matter, please call:  ce  31 (1)  Area Code  Daytime Telephone Number  K for the following amount:  Fee S30.00 Filing Fee & Certificate of Status  Certified Copy (additional copy is enclosed)  Address:  Registration Section  1 of Corporations  X 6327  The Centre of Tallahassee		
	Name of Limited Liability Company  Articles of Amendment and fee(s) are submitted for filing.  Articles of Amendment and fee(s) are submitted for filing.  Ill correspondence concerning this matter to the following:    Rachel L. Lawrence		
	Fort Myers, FL 33913		
		•	
	• -		(fination)
For further information of		·	incation)
Rachel L. Lawrence			
		at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
<del>-</del>	Section	Registration Se	
Division of C P.O. Box 632	•		
Tallahassee,			be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

RoseLee Real Estate, LLC		
(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records.) Liability Company)	<del>,</del>
The Articles of Organization for this Limited Liability Compan Florida document number <u>L22000378419</u> .	y were filed on August 29, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Rachel L. Lawrence, LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	no change	
(Principal office address MUST BE A STREET ADDRESS)	11630 Roseto Court	
	Fort Myers, FL 33913	20.5
Enter new mailing address, if applicable:	no change	T T
(Mailing address MAY BE A POST OFFICE BOX)	11630 Roseto Court	or or
	Fort Myers, FL 33913	当日
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter th	ne name of the new registered
Name of New Registered Agent: no change in a	agents	
New Registered Office Address:	Enter Florida street address	
	Emier r iorida sireei daaress	
	Flor	ida Zip Code
New Registered Agent's Signature, if changing Registered Agent	•	лар Соае

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
	no change in authorization		
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			□Change
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			Remove
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			□ Change

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ffective date, if other than the can effective date is listed, the date must tote: If the date inserted in this blo ocument's effective date on the De	be specific and cannot be pr ck does not meet the app	rior to date of filing or n dicable statutory filir	(optional) nore than 90 days after filing, ng requirements, this date	) Pursuant to 605.0207
e record specifies a delayed The 90th day after the reco	effective date, but rd is filed.	not an effective	time, at 12:01 a.m.	on the earlier of
November 6	2022			
Rachel la	Signature of a member or au	<del></del>		

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Filing Fee: \$25.00