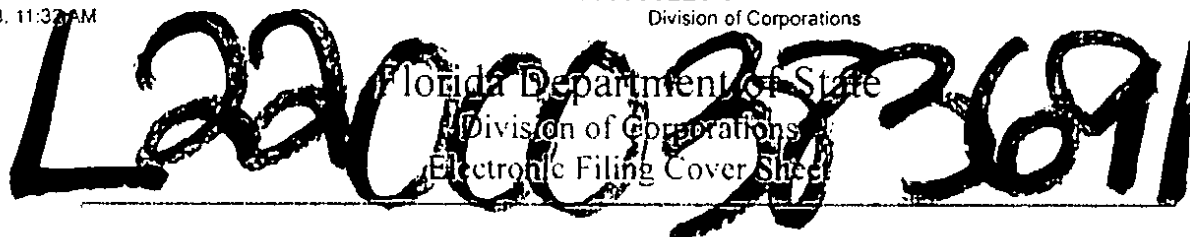


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11/15/23, 11:32 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CONTADORMIAM1.COM INC
Account Number : I20200000130
Phone : (954)345-7888
Fax Number : (786)713-1940

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2023 NOV 15 PM 3:31

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ROSARY CITY LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

NOV 16 2023
T. LEMIEUX

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ROSARY CITY 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 08/31/2023 and assigned
Florida document number 1.22000383691.

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:

2837 SW 187 AVE

(Principal office address MUST BE A STREET ADDRESS)

MIRAMAR FL 33029

Enter new mailing address, if applicable:

2837 SW 187 AVE

(Mailing address MAY BE A POST OFFICE BOX)

MIRAMAR FL 33029

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:

CAMERO, ADRIANA G

New Registered Office Address:

2837 SW 187 AVE

Enter Florida street address

MIRAMAR

Florida 33029

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:

2023-11-15 PM 3:31

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	CAMERO, ADRIANA G	2837 SW 187 AVE	<input checked="" type="checkbox"/> Add
		MIRAMAR, FL	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MAXITOR CITY HOLDING LLC	304 INDIAN TRACE, PMB 241	<input type="checkbox"/> Add
		WESTON, FL 33327	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated NOVEMBER 6TH 2023

ADRIANA CAMERO

Typed or printed name of signer

Filing Fee: \$25.00