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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

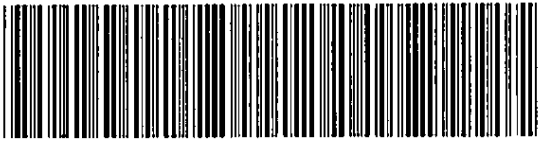
(Business Entity Name)

(Document Number)

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2023/05/25 PM 1:57

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: I Rosary, LLC
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:

Maylou Muscillo
Name of Person

I Rosary, LLC
Firm/Company

P.O. BOX 450103
Address

Miami, Florida 33245
City/State and Zip Code

irosaryllc@gmail.com (iRosary LLC @ gmail.com)
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maylou Muscillo at (786) 890-2238
Name of Person Area Code Daytime Telephone Number
(786) 413-8909

Enclosed is a check for the 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 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 32302

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

I Rosary, 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 Sept. 7, 2022 and assigned Florida document number L22000390484

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 450103
MIAMI, FL 33245

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:

Marylou Muscillo

New Registered Office Address:

1938 SW 24 Terrace

Enter Florida street address

Miami

Florida

City

33145

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.

Marylou Muscillo

If Changing Registered Agent, Signature of New Registered Agent

Marylou Muscillo

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>
<u>Ambr</u>	<u>Marylou Muscillo</u>	<u>D'ascoli</u>	<input type="checkbox"/> Add
		<u>1938 SW 24 Terrace</u>	<input checked="" type="checkbox"/> Remove
		<u>Miami, FL 33145</u>	<input checked="" type="checkbox"/> Change
<u>Ambr</u>	<u>Marylou Muscillo</u>	<u>1938 SW 24 Terrace</u>	<input type="checkbox"/> Remove
		<u>Miami, FL 33145</u>	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input 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
			<input type="checkbox"/> Change

****** Only changing my name - by removing my married name "D'ascoli" to ONLY MARYLOU MUSCILLO

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2023 APR 25 PM 1:27

E. Effective date, if other than the date of filing: September 5, 2022 (optional)

(If an effective 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 605.0207 (3)(b)

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.

If the record 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 record is filed.

Dated April 18, 2023

Marylou Musillo

Signature of a member or authorized representative of a member

Marylou Musillo

Typed or printed name of signee

Marylou Musillo
Discoli