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R. HUNT 04/05/7)

	Thomas Douglas 941.447.8560
	941.447.8560
	5911 WILLOWS bridge LOOP Ellenton, FL 34222
· .	

## **COVER LETTER**

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TO: Registration Sec Division of Corp			
CHD IPOT.	ROWSOFR	ims LLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Fomas Douglas	
	Roi	USOFPAIMS L	<u> </u>
	5911 willow	S Bridge LOOP	
	<u> </u>	enton, FL 3422 City/State and Zip Code	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	_ ROWSOF DO	to be used for future annual report noti	figurian) 40
For further information of	e-mail address: (		OF STATE
Type of Name of	Douglas FPerson	at (941 ) 447 Area Code Daytim	8560 m =
Enclosed is a check for t	he following amount:		
S25.00 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 Addre Registration Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations Fallahassee
Tallahassee,	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROWSOFPALMS L

( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	ability Company)
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L22000475927</u> .	vere filed on NOU, 07 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabili	Services LLC by Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	5911 WILLOWS Bridge LOOP Ellentan, FL 34222
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	5911 willows Bridge Loop Ellenton, FL 34222
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City SS ST Top Code 1
New Registered Agent's Signature, if changing Registered Agent:	The state of the s

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>	<u>Address</u>	Type of Action
			□Add
			□ Remove
			□Change
			□Remove
			□Add
			Remove
			HASSINI — Add
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ective date, if other to effective date is listed, the te: If the date inserted nument's effective date	e date must be specific in this block does n	and cannot be prior of meet the applic	cable statutory fili	nore than 90 days a	otional fter filin this dat	g.) Pursi	uant to 605.0 not be listed
cord specifies a delayers filed.	d effective date, but	not an effective t	ime, at 12:01 a.m	on the earlier of:	(b) T	The 90tl	h day after
ed April	_lst	2023	<u> </u>				