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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Ciling Officer |
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| Div | ision of Cor _l | porations | | | |
|----------------|---------------------------|--|---|----------------------|--|
| SUBJECT: | CHRIS ROS | | | | |
| | | Name of Lin | nited Liability Company | | |
| The enclosed | Articles of | Amendment and fee(s) are sub | united for filing | | |
| | | | _ | | |
| riease reium | an correspon | ndence concerning this matter | to the following: | | |
| | | CHRISTIAN GUEX | | | |
| | | | Name of Person | | |
| | | CHRIS ROSE, LLC | | | |
| | | | Firm/Company | · | |
| | | 11134 RIVER GROVE DI | RIVE | | |
| | | | Address | | |
| | | ORLANDO, FL 32817 | | | |
| | | | City/State and Zip Code | | |
| | | chrisrose0988@gmail.com | | | |
| | | | to be used for future annual | report notification) | |
| For further in | iformation co | oncerning this matter, please ca | all: | | |
| Christian Gu | ex | | | 7-6423 | |
| | Name of | Person | at () Area Code | Daytime Teleph | ione Number |
| Enclosed is a | check for the | e following amount: | | | |
| ■ \$25.00 F | iling Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc | | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mai | ling Address | : | Street Ac | tdress: | |

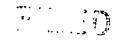
TO:

Registration Section

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



| CHRIS ROSE, LLC | | | 2023 FIAY 31 AM 8: (| 12 |
|--|----------------------|--|---|-------------|
| (Name of the Limi | ted Liability Comp | any as it now appears of Liability Company) | on our records.) | |
| The Articles of Organization for this Limited L | | | TALL I SETE OF | i E oned |
| | | | and assig | Silect |
| Florida document number L22000516131 | · | | | |
| This amendment is submitted to amend the foll | owing: | | | |
| A. If amending name, enter the new name of | f the limited lial | oility company here | ; | |
| N/A | | | | |
| The new name must be distinguishable and contain the | parde M. imitad Liak | ilin Company " the deci | mation of 17" on the above singles of 1 | <u> </u> |
| The new home must be distinguishable and contain the v | words Emmed Lian | inty Company, the design | gradion LLC or the appreviation L.L. | .С. |
| Enter new principal offices address, if applic | able: | N/A | | |
| (Principal office address MUST BE A STREE | er (nnbecc) | | | |
| Trincipal Office data ess in OST BE A STREE | .T. HDDKESS) | | | |
| | | | | |
| | | | | |
| Enter new mailing address, if applicable: | | N/A | | |
| | | | | |
| <u>(Mailing address MAY BE A POST OFFICE</u> | <u>BOX)</u> | · | | |
| | | | | |
| | | | | |
| B. If amending the registered agent and/or i | remistered office | addrace on our root | ands anton the name of the name | into |
| agent and/or the new registered office addre | ss here: | addites on our reco | nus, enter the hame of the new | registe |
| | bo nere. | | | |
| | | | | |
| Name of New Registered Agent: | N/A | | | |
| | | | | |
| New Registered Office Address: | | | | |
| | | Enter Florida | street address | |
| | | | , Florida | |
| | · · | 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

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

| Title ' | <u>Name</u> | Address | Type of Action |
|-------------|---------------|-------------------------|----------------|
| MGR | ROSELENE GUEX | 11134 RIVER GROVE DRIVE | = Add |
| | | ORLANDO, FL 32817 | □Remove |
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| ffective date, if other than the an effective date is listed, the date mus | date of filing: | <u>. </u> | (optional) |
| an effective date is listed, the date mus lote: If the date inserted in this bloom | t be specific and cannot be prior to ock does not meet the applicab | date of filing or more than 90 date statutory filing requirement | lys after filing.) Pursuant to 605.0207 (nts. this date will not be listed as i |
| ocument's effective date on the De | epartment of State's records. | | ino, this take will not be hated as |
| | | | |
| record specifies a delayed effective his filed. | e date, but not an effective time | e, at 12:01 a.m. on the earlie | r of: (b) The 90th day after the |
| May 25 | 2023 | . • | |
| ated May 25 | | | |
| ated | Realizable Land | ; | Co-Mar |
| ated | Signature of a member or authori. | | Co-Mgr |