## L2200523807

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(Address)
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## **COVER LETTER**

· TO:

Tallahassee, FL 32314

TO: Registration S Division of Co						
Rosedew	LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.				
	oondence concerning this matter					
	Andrew Xu					
		Name of Person				
	Rosedew LLC					
		Firm/Company				
	7862 W Irlo Bronson Men	norial Hwy #1246				
		Address		_		
	Kissimmee, FL 34747			-460	2023	
		City/State and Zip Code		— <u> </u>	2023 JUN 20 PM	
	DisneyVacations4U@gmail	l.com		76- 76-	2	
	E-mail address: (	to be used for future annual	report notification)		0	
For further information	concerning this matter, please c	all:		of disconnection	<u> </u>	
Andrew Xu		413 409	9-9680		<del>-:</del> 35	
Name	of Person	Area Code	Daytime Telephone Numb	per		
Enclosed is a check for	the following amount:					
<b>■</b> \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	Certifi dosed) Certifi	Filing Fee, cate of State ed Copy nal copy is end		
Mailing Addi		Street A				
Registration Section Division of Corporations		2	ation Section in of Corporations			
P.O. Box 6.	•		ntre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO; ARTICLES OF ORGANIZATION OF

Rosedew LLC			023 C
(Name of the Limit	ed Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	ecords.)
The Articles of Organization for this Limited L	iability Compan	y were filed on 12/14/22	2 and assigned
Florida document number 1.22000523807			1901 - 1901 - 1907
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	f the <u>limited lia</u>	bility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
D. A. War and Japan & amplicables			
Enter new mailing address, if applicable:	DAV.	·.	
(Mailing address MAY BE A POST OFFICE	<u> </u>		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records,	enter the name of the new registered
Name of New Registered Agent:	~	<del></del>	
New Registered Office Address:	~		
		Enter Florida street	address
	· -		, Florida
		City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

Contract to the second

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>	<u>Address</u>	Type of Action
AMBR MER	Kathy Cai	7862 W Irlo Bronson Memorial Hwy #1246	□Add
		Kissimmee, FL 34747	Remove
			Change
<del></del>			□Add
			□Remove
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			🗆 Add
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e: If the date in	ther than the date of the sted, the date must be specific serted in this block does to date on the Department	not meet the applicab	date of filing or more ble statutory filing re	(optional) than 90 days after filing.) equirements, this date	Pursuant to 605.0207 will not be listed as
cord specifies a c s filed.	lelayed effective date, bu	it not an effective tim	ie, at 12:01 a.m. on t	he earlier of: (b) The	: 90th day after the
ed		10:39/	<u> </u>		
	an Du	•			
	- 10 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
<del></del>	Signature	of a member or author.	ized representative of	a member	<del></del>

Filing Fee: \$25.00