

L22 000 523 807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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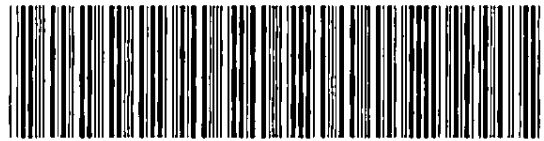
(Business Entity Name)

(Document Number)

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2023 OCT -5 AM 10:33  
SECRET/PROV. 10/5/23  
TALL PINE & CO. LTD.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Rosedew 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:

Andrew Xu  
Name of Person  
Rosedew LLC  
Firm/Company  
7862 W Irlo Bronson Memorial Hwy #1246  
Address  
Kissimmee, FL 34747  
City/State and Zip Code  
DisneyVacations4U@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Xu 413 409-9680  
Name of Person at ( ) Area Code Daytime Telephone Number

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 32303

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 OCT -5 AM 10:34

FILED

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

Rosedew 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 12/14/22 and assigned  
Florida document number L22000523807.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

*Enter Florida street address*

*City*

**Florida**

*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 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>
AMBR	Kathy Cai	7862 W Irlo Bronson Memorial Hwy #1246	<input checked="" type="checkbox"/> Add
		Kissimmee, FL 34747	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kathy Cai	7862 W Irlo Bronson Memorial Hwy #1246	<input checked="" type="checkbox"/> Add
		Kissimmee, FL 34747	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lina He	7862 W Irlo Bronson Memorial Hwy #1246	<input type="checkbox"/> Add
		Kissimmee, FL 34747	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lina He	7862 W Irlo Bronson Memorial Hwy #1246	<input type="checkbox"/> Add
		Kissimmee, FL 34747	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2022 OCT 10 AM 11:34  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

2023 OCT -5 PM 10:34  
SECRETARY OF STATE  
WILLIAM S. BEECHER

2023 OCT -5 PM 10:34  
SECRETARY OF STATE  
TALPHAMASSEE.FL

100

(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)

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.

Matthew Chen  
Signature of a member or authorized representative of a member

Typed or printed name of signee