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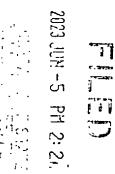
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COVER LETTER

TO:	Registration Sec Division of Corp		₽ •		
eud n	FCT. (-	- nma Dosa 1	LC		
SUBJI	<u> </u>	nma Rosa L	ited Liability Company	-	
The en	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please	return all correspon-	dence concerning this matter	to the following:		
		Enma	Rosa		
			Name of Person		
		En	Firm/Company		
			Firm/Company		
		1026 NW/	16 5 F Address	20	
			Address	Z3 (=	Carry Ca
		Homeste	pad Florida 33030	- 5 N - 5 N - 5	
		~~~	City/State and Zip Code	<del>75</del> , 5, 20 <u>7</u> 0	y 7 g
		E-mail address: (1	o be used for future annual report notification)	는 것 : 	6
For fur	ther information cor	ncerning this matter, please ca	Address  Add	23	
	Enma	R.5A	at (305) 283-2845 Daytime Telephone Num	-	
	Name of I	Person	Area Code Daytime Telephone Nun	nber	
Enclose	ed is a check for the	following amount:			
\$ \$2.	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	O Filing Fee, ficate of Status fied Copy onal copy is enclosed.	
	Mailing Address: Registration Se	ction	Street Address: Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Enma Rosa LL	C	
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) lability Company) /- (, 2023	
The Articles of Organization for this Limited Liability Company	/ 3a 3a 3	
Florida document number <u>4 23 000014578</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Team Rosa L.L.C		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:	1026 NW 165+	2
(Principal office address MUST BE A STREET ADDRESS)	ty Company," the designation "LLC" or the al 1026 NW 165+  Homestead, Florida	33030.
	- 1	
		5 1
Enter new mailing address, if applicable:		-p   101
(Mailing address MAY BE A POST OFFICE BOX)	E C	5
	f= == ; [::	12
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our records, enter the nam	ne of the new register
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Profita	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p		

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 Name **Address Type of Action** 33030 AMBR Sydam ROSA 1026 NW 165+ Homestead FL  $\Box$ Add Remove _____ Change _____ □Add □ Remove _____Change □ □ Remove Ņ  $\sim$ □ Change  $\square$ Add □Remove _____ □Change □Add _____ □Remove _____ Change _____ □ ∧dd 

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	Signature of	a member or authoriz	ed representative of a	ı member		
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