## L230000 29679

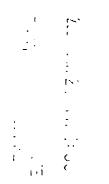
(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	ne)
(Do-	cument Number)	·····
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO:

TO: Registration Se Division of Con				
SUBJECT: ROC	USCI CONSUL			
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Scott Row	Vanso of Person		
	_			
	Rowsel Consu	Firm/Company		
	864 Banyo	an Court		
		Address		
	Marco Isla	City/State and Zip Code		
	<u>rowithsens</u> c E-mail address: (	City/State and Zip Code  ott @ gmail.  to be used for future annual report	coccut notification)	
For further information o	concerning this matter, please co			: `
Scott Rowl	√∩ S⇔ ∩ of Person	at (317)69	31 4197	
Name	11 (1301)	Alea Code 12a	yame rerephone Number	
Enclosed is a check for the	he following amount:			
X \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
<u>Mailing Addres</u> Registration		Street Addres Registration		
Division of C		•	Corporations	
P.O. Box 632	27	The Centre	of Tallahassee	
Tallahassee,	FL 32314	2415 N. Mo	nroe Street, Suite 8	10

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROWSCI CONSU	LTING	<u> </u>	ur racords )	
(Name of the Fantes)	A Florida Limited I.	iability Company)	ar recorus.)	
The Articles of Organization for this Limited Lia		were filed on <u>Jan</u>	المحر اكر عد	2 <u>33</u> and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, <u>enter the new name of t</u>	the limited liabi	lity company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liabil	ity Company," the designa	tion "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applica	ble:			
Principal office address MUST BE A STREET	<u> ADDRESS)</u>	<del></del>	45. 51	
			•	
				:
Enter new mailing address, if applicable:			• • •	: 
Mailing address MAY BE A POST OFFICE B	<u>(OX)</u>		<u> </u>	· ·
			,	: :
			•	
B. If amending the registered agent and/or registered affice address		ddress on our record	s, enter the nan	ne of the new registered
Name of New Registered Agent:	Scott	Rowlinson	`	
New Registered Office Address:	864 B	Rowlinson Xanyan Cou Enter Florida str	eet address	
	Marco	Island	Florida	34145

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Susan Rowlinson	864 Banyan Court Marco le FL, 34145	DDA□hdd
			Remove
			DChange
MGR Scott Rowlinson	Scott Rowlinson	864 Bangan Court Marco Isla FL 34145	স্থ ≱Add
		□Remove	
			□Change
		•.	
			: . t>: □Remove
		: :	□Change
			□Add
		<del></del>	Remove
			□Change
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