673000010901

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800403186468

TOTATES 28 PM 1:50

R. HUNT 02/28/23

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE CREDIT BAND LLC		
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our reco da Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability (Company were filed on 01/23/2023	and assigned
Florida document number 1.23000040901	 ·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
ROSSEN CAPITAL LLC		<u>(55)</u>
The new name must be distinguishable and contain the words "Lii	mited Liability Company," the designation "I I	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	<u>(RESS)</u>	S2 63 F

		S. I. C.
Enter new mailing address, if applicable:		5
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	<u> </u>	r the name of the new register
Name of New Registered Agent:	701 · · · · · ·	
New Registered Office Address:		
-	Enter Florida street addi	(')
	.1	Horida
	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.

H Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			1. Remove
			Rimove 23 10hange 28
		7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.	28 PH I: 50
			Annove
			Change
			Add
			Remove
			Change
			Add
			, Remove
			Remove

Page 2 of 3

									_
									_
									_
									_
									_
			·					2	
	-						5		
							223	- (2 - ×	
				-			<u> </u>	ž co	_;
							<u>्र</u> होते हात्र	<u> </u>	- (mr)
							<u> </u>	174TE	_
						_			_
									_
									
						_			_
						•			
Han ef <u>Note:</u>	tive date, if other fective date is listed, t If the date inserted nent's effective date	he date must be sp I in this block do	eerfic and cam bes not meet	not be prior to the applicab	le statutory tili	nore than 90 day	(optional) s after tiling, i ts, this date w	Pursuant to 6 ill not be fi	05,0207) sted as t
	ecord specifies a e 90th day after			, but not a	an effective	time, at 12	:01 a.m. o	n the ear	lier of
Dated				•					
			1 M						
		Zigna	ture of a mem	ber or authoria	ed representation	e of a member			

Page 3 of 3

Filing Fee: \$25.00