L23000059043

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COVER LETTER

	Registration of	on Section Corporations					
SUD IF		Abode LLC					
SUBJEC	-1; <u> </u>	Name of L	imited Liability Company				
The encl	osed Article	es of Amendment and fee(s) are s	ubmitted for filing.				
Please re	turn all cor	respondence concerning this matt	er to the following:				
		Kathleen Boyle					
			Name of Person				
			Firm/Company				
		1215 Anclote Blvd, Suit	te G				
			Address	* ****			
		Tarpon Springs FL 3468	Tarpon Springs FL 34689				
		nannas3128@gmail.com	City/State and Zip Code				
		E-mail address	s: (to be used for future annual report r	notification)			
For furth	er informati	ion concerning this matter, please	call:				
Kathleer	n Boyle		813 758-7798 at ()				
	Na	me of Person	Area Code Day	time Telephone Number			
Enclosed	is a check	for the following amount:					
≡ \$25.	00 Filing Fe	ee S30.00 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 Ad Registrati	Idress: on Section	Street Address: Registration S				
	Division of P.O. Box	of Corporations	Division of C The Centre o	-			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROSIE'S ABODE LLC		
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on outed Liability Company)	r records.)
The Articles of Organization for this Limited Liability Comparison document number $\frac{1.23000059043}{1.0000059043}$.	any were filed on 2/1/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records	s, enter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address -
	· _	, Florida
	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.

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>	Name	Address	Type of Action
MGR	Kathleen Boyle	1215 Anclote Blvd, Suite G	🗀 Add
		Tarpon Springs FL 34689	□Remove
MGR	Elizabeth Lisowski	17751 Esprit Drive	
		Tampa FL 33647	□Remove
			🗀 Add
			□Remove
			□Change
			□Remove
			□Remove
			□ Change
			
			Remove
			□ Change

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	5/21/2024
fecti	ive date, if other than the date of filing:
	ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ent's effective date on the Department of State's records.
	d 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
	ed.
ecor is fii	
	5/21/2024
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is fii	