

# L2300060265

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : STOLZENBERG, GELLES & FLYNN, LLP  
Account Number : 120100000018  
Phone : (305)961-1450  
Fax Number : (305)423-3979

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: chvid.sinopoli@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**ROSAS ONE, LLC**

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APR 11 2023

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# Send Result Report

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04/05/2023 13:56

[2XC\_1000 002.101] [2XC\_1100.001 002] [2XC\_7200 001.008]

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Total Time: 0.03.42

Page: 0004

## Complete

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### Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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Fax Number : (850)617-6283

From: Account Name : STOLZENBERG, CELLES & FLYNN, LLP  
Account Number : 120100000018  
Phone : (305)941-1450  
Fax Number : (305)423-3979

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: chvid.singapoli@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
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No.	Date/Time	Destination	Times	Type	Result	Resolution/ECH
001	04/05/23 13:49	18506176383	0:03:42	FAX	OK	200x100 Normal/Cn

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

ROSAS ONE, 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 02/03/2023 and assigned  
Florida document number L23000060265.

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 "LLC."

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)

Attn: David Sinopoli

212 N. Miami Avenue

Miami, FL 33128

**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*

\_\_\_\_\_, 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

**FILED**  
2023 APR -5 PM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FL

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>
MGR	MICHAEL RUIZ	2898 NW 7th AVE	<input type="checkbox"/> Add
		MIAMI, FL 33127	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DAVID SINOPOLI	212 N. Miami Avenue	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33128	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOSE GABRIEL COLOMA CANO	212 N. Miami Avenue	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33128	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated April 5, 2023

Signature of a member or authorized representative of a member

Keith H. Stolzenberg, Esq., Authorized Representative

Typed or printed name of signee

**Filing Fee: \$25.00**