

L23000115184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

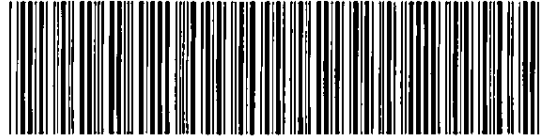
(Business Entity Name)

(Document Number)

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2024 NOV - 8 AM 9:35
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TALLAHASSEE, FL

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LA ROSA DE BROADOAK, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jose D. Rosa

Name of Person

PROVERI, LLC

Firm/Company

646 BROADOAK LOOP

Address

SANFORD, FL 32771

City/State and Zip Code

jd_rosa@proveri.co

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose D. Rosa

954

558-5698

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 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 Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2024 NOV -8 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FL

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

LA ROSA DE BROADOAK, 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 03/06/2023 and assigned
Florida document number L23000115184.

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 "L.L.C."

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) _____

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: PROVERI, LLC

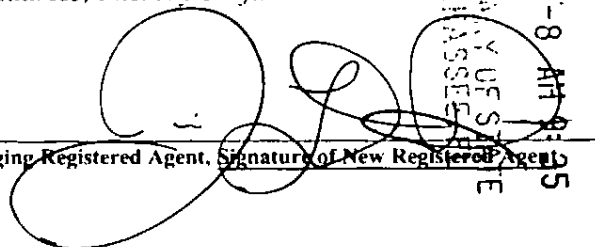
New Registered Office Address: 646 BROADOAK LOOP
Enter Florida street address

SANFORD, Florida 32771
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


A circular notary seal is visible in the background, partially obscured by the signature. The seal contains the text "NOTARY PUBLIC" and "STATE OF FLORIDA".

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MAR 10 - 8 AM '23
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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>
AMBR	ROSA FAMILY TRUST, DATED		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROSA, DIDIEL R.	30821 GOLDEN GATE DRIVE	<input type="checkbox"/> Add
		CANYON LAKE, CA 92587	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	HINTON, ZAIDA Y.	4304 NE MOSSY OAK DRIVE	<input type="checkbox"/> Add
		LAWTON, OK 73507	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FL

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

Please note that this request is to ensure it adds the Rosa Family Living Trust named as follows:

ROSA FAMILY TRUST, DATED JULY 18, 2024, JOSE DARIOD ROSA GARCIA, ZAIDA MARINA ROSA
AND JOSE DARIO ROSA, AS TRUSTEES

as the LLC's registered AUTHORIZED MEMBER (OWNER) and corrects the managers of the LLC accordingly.

E. 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 November 3rd

2024

Signature of a member or authorized representative of a member

Jose D. Rosa

Typed or printed name of signee

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CLERK OF STATE
TALLAHASSEE, FL