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COVER LETTER

TO: Registration So Division of Cor			
RoseLynn	Ranch LLC		
30bJEC1.	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:	
	Jasmine Douglas		
		Name of Person	
		Firm/Company	
	9645 Baymeadows Rd #75	3	
		Address	
	Jacksonville, FL 32256		
	Dunal was Wining Quantil on	City/State and Zip Code	
	RoseLynnVision@gmail.co E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
Jasmine Douglas		904 3258722 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RoseLynn Ranch LLC

2023 JUN -7 PH 5: 12

(Name of the Limited	Liability Company as it now appears	on our records.)	
(A	Florida Limited Liability Company)	- ; 1.1	S AND
The Articles of Organization for this Limited Liabi	lity Company were filed on $\frac{3/20}{}$		and assigned
Florida document number 1.23000140635			
This amendment is submitted to amend the following	ing:	NIA	
A. If amending name, enter the new name of th	e limited liability company hero	<u>a</u> : (1-1)	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the desi	ignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable	e: (N/h)		
(Principal office address MUST BE A STREET A	1DDRESS)		_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)			
B. If amending the registered agent and/or regi agent and/or the new registered office address h		ords, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Floride	a street address	
-	City:	, Florida	Zip Code
N. D. C. LA M.C. A. C. Landin Dan			

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 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>	Type of Action
MOR	Jasmine Douglas	9645 Baymeadows Rd #753	■Add
AMBR	(gb)	Jacksonville, FL 32256	□Remove
			Change
			□Add
			□ Remove
			☐ Change
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Note: If the date inserted in thi	the date of filing: must be specific and cannot be prior to date of filing or mest block does not meet the applicable statutory filing be Department of State's records.	(optional) ore than 90 days after filing.) Pursuant to 605,0207 (3)(to grequirements, this date will not be listed as the
if the record specifies a delayed efferecord is filed.	ctive date, but not an effective time, at 12:01 a.m. o	on the earlier of: (b) The 90th day after the
Dated May 22nd	2023	
$\bigcap_{i \in A}$	17	

Typed or printed name of signee