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COVER LETTER

TO: Registration So Division of Cor			e .
SUBJECT: R	osie the Ro	50 + 2 L C	•
3000ET	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Devic	LOUZ 9 Name of Person	
		Pirm/Company	
	102 (gm	abridge Dr	
	Long Wood Advertising 6 E-mail address:	City/State and Zip Code ACCI dente To be used for future annual report notif	ghou. (oM
For further information c	oncerning this matter, please co		·
Devit Name o	Low 29 of Person	at (<u>407</u>) 46. Area Code Daytime	2 / 7/0 e Telephone Number
Enclosed is a check for t	he following amount:		
⋨ \$25.00 Filing Fee	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 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

Rosic the Robo	+ 66 C			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our recor Liability Company)	ds.)		
The Articles of Organization for this Limited Liability Company	' /	1 <u>2023 </u>	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	oility company here:			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LL	C" or the abbrevia	ition "L.l	C."
Enter new principal offices address, if applicable:		1	~	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	023	
			00	<u>;</u>
		[75] [75]	5	``
Enter new mailing address, if applicable:				<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			ДК <u>сп</u>	1,
		-	: <u>O</u>	
B. If amending the registered agent and/or registered office	address on our records, <u>ente</u> i	r the name of t	he new	registere
agent and/or the new registered office address here:				
Name of New Registered Agent:		_		
New Registered Office Address:				
	Enter Florida street addre	'XS		
	F	lorida	o Code	
	V.111	2.13	ノしいいと	

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>	Address	Type of Action
ANBR	Robert Burnstine	102 Cambridge or	⊠ Add
		102 (ambridge or Longwood, FL 32719	□ Remove
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fective date, if other n effective date is listed, th te: If the date inserted cument's effective date	in this block does not	meet the applicab	date of filing or mole statutory filing	(opti ore than 90 days afte g requirements, thi	onal) r filing.) P s date wi	ursuant to Il not be	605.020 listed a
ecord specifies a delaye is filed.	d effective date, but no	ot an effective time	e, at 12:01 a.m. c	on the earlier of: (b)) The 9	00th day	after th
led <u>10/5</u> <u>Devr</u> <u>Devi</u>	1/2023		.·				
_ Devi	if dougo	,	<u></u>				_
·	Signature of a	member or authoric	zed representative.	af a member			