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(Requestor's Name)
(Address)
(Address)
, contract,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

Division of Cor	porations			
	ENTERPRISES LLC			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	MR JULIO RODRIGUEZ	PELLITERO		
	·	Name of Person		
	ROSANBO ENTERPRISE	ES LLC		
		Firm/Company		
	344 SW 26TH AVE			
		Address		
	CAPE CORAL, FL 33991			
		City/State and Zip Code		
	rosanbo.co@gmail.com			
		to be used for future annual report noti	fication)	<b>26</b>
For further information co	oncerning this matter, please ca	all:		124 J
MR. JULIO RODRIGUE	Z PELLITERO	786 896-6692 at ( )		5 - 1445 2024 JAN 2 3 - 2024 JAN 2
Name of	f Person		e Telephone Number	
			;	일은 <b>글</b> :
Enclosed is a check for th	ne following amount:			0:53 10:53
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	ing Fee, e of Status &

TO:

Registration Section

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

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l,	Floric	da <u>3390</u>		
_	address on our restrictional.	address on our records, enter the STERNATIONAL LLC  Enter Florida street address  Florida.	address on our records, enter the name  STERNATIONAL LLC  Enter Florida street address  Florida 3390	FL 33909  FL 33909

## 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>	<u>Name</u>	Address	Type of Action
MGR	TALIA CASANOVA	3412 70TH ST W	□Add
		LEHIGH ACRES	■Remove
		FL 33971	□Change
MGR	BEATRIZ ARIOSA MORALES	1221 NE 10TH ST	■Add
		CAPE CORAL	□Remove
		FL 33909	□ Change
			SECRETALIAN
			N 20 A.S
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ective date, if other than the date effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Department's	e specific and cannot be prior to k does not meet the applica	o date of filing or more ble statutory filing re	( <b>option</b> than 90 days after fil equirements, this d	ing.) Pursua	int to 605. It be liste	.020 ed a:
cord specifies a delayed effective d s filed.	ate, but not an effective tin	ne, at 12:01 a.m. on i	the earlier of: (b)	The 90th	day after	the
ed	2024	<u> </u>				
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