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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

FO: Registration Se Division of Cor			
	ROXMAN GODIN	110,	·
SUBJECT:	Rosmar Group Name of Limi	ited Liability Company	
The analoged Articles of	Amendment and fee(s) are sub-	mitted for filing	
lease return all correspo	indence concerning this matter	to the following:	
	Rosanna 7	èrez	
		Name of Person	
		Firm/Company	
	72466 1	. , 01	
	224 SE 21	Address	<u>-</u>
	Cano Cosal	FZ 33990 City/State and Zip Code	
	E-mail address: (i	A Hor O MINT annual report noti	fication)
for further information c	oncerning this matter, please ec		
Rosanna R	(ren)	at ( 486 ) 290-2	661
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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)
<u>Mailing Addres</u>		Street Address:	
Registration		Registration Se	
Division of C P.O. Box 632		Division of Cor The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FICLES OF ORGANIZATION	***
OF	FILEI

2000 -

Rosmar Gnux	1LC	2023 U(	T 19 PH 4: 29
	ility Company as it now appea ida Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number $\angle 430004336$	Company were filed on _	9/18/2023	SSEE, FLORIDA and assignUAA
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the line Posanna Caudia I.  The new name must be distinguishable and contain the words "L.	01 110		reviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADI	<del></del> -	<u></u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our	records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	orida 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 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>	Name	<u>Address</u>	Type of Action
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