1 23000543658

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Incorrect Form
<u> </u>





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2024 T T 27 T T C 23



COVER LETTER

TO: Registration Section Division of Corpo				
SUBJECT: R65	e & Ivy Name of Limi	LLC ted Liability Company		
The enclosed Articles of An	nendment and fee(s) are sub-	nitted for filing.		
Please return all corresponde	ence concerning this matter t	to the following:		
	Nicho	(as OLivo Name of Person	<u> </u>	··
	OLivo Si	MB CPA So	olutions	· · · · · · · · · · · · · · · · · · ·
	1343 mam	St 3 no F/	Svite	<u> 306</u>
	Sarasi	ofa FL City/State and Zip Code	34236	
		livo Smb Coa		
For further information con Raffacle	Perna	all: 941 - 3 at (<u>323)</u> S	350 - 06 90 - 302	
Name of P	erson	Area Code	Daytime Telephor	ne 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

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

Rose & Ivy	LLC
(<u>Name of the Limited Liability (</u> (A Florida Lia	mited Liability Company) 2001.
The Articles of Organization for this Limited Liability Com-	npany were filed on 12 7 2023 and assigned 22
Florida document number <u>L23060543658</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d 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:	1296 1St Street Sarasota FL 34236
(Principal office address MUST BE A STREET ADDRES	SSI Sarasota FL 34236
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 135 Sarasota FL 34230
agent and/or the new registered office address here:	ffice address on our records, enter the name of the new registere
Name of New Registered Agent:	affaele Perna 96 15+ Street
	Enter Florida street address
_Sa	crasota , Florida 34236 City Zip Code
New Registered Agent's Signature, if changing Registered A	gent:

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
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			□Change
			□ Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change

- -	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an effective Note: If the	date, if other than the date of filing:
he record sp ord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	6/24/2024,
	Color of a incinber or authorized representative of a member
	Raffaela Pevna Typed or printed name of signee



June 14, 2024

NICHOLAS OLIVO 1343 MAIN STREET, 3RD FL SUITE 306 SARASOTA, FL 34236

SUBJECT: ROSE & IVY, LLC Ref. Number: L23000543658

We have received your document for ROSE & IVY, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 824A00012967

Anissa Butler Regulatory Specialist II