

LA000050419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

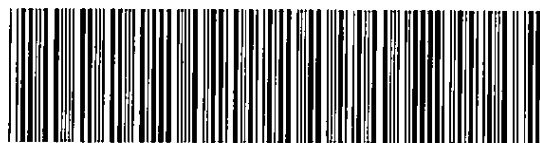
(Business Entity Name)

(Document Number)

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07/11/2012 11:27 AM

2012 JUL 11 AM 11:27
STATE OF CALIFORNIA
DEPARTMENT OF REVENUE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROSA NUTRICION LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROSA ISABEL GALEAS PEREZ
Name of Person
ROSA NUTRICION LLC
Firm/Company
1381 SW 25TH AVE
Address
FORT LAUDERDALE, FL, 33312
City/State and Zip Code
COLINDRESE177@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSA ISABEL GALEAS PEREZ at (305) 778-3201
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

ROSA NUTRICION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/26/2024 and assigned Florida document number L24000050419.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DAMIAN MULTI SERVICES LLC

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:

1381 SW 25TH AVE

(Principal office address MUST BE A STREET ADDRESS)

FORT LAUDERDALE, FL, 33312

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

DIDIER DAMIAN CASTANEDA

New Registered Office Address:

1381 SW 25TH AVE

Enter Florida street address

FORT LAUDERDALE

Florida 33312

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.


Didier Damian

If Changing Registered Agent, Signature of New Registered Agent

2012 JUN 11 AM 10:00
FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

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>	<u>Type of Action</u>
MGR	ROSA I GALEAS PEREZ	1381 SW 25TH AVE	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL. 33312	<input checked="" type="checkbox"/> Remove
		1381 SW 25TH AVE	<input type="checkbox"/> Change
MGR	DIDIER DAMIAN CASTANEDA	FORT LAUDERDALE, FL. 33312	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

2012 JUL 11 AM 11:27

11 11 2012

E. Effective date, if other than the date of filing: 06/24/2024 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JUNE 24 2024

Handwritten signature of Rosa Galeas Perez

Signature of a member or authorized representative of a member

ROSA I GALEAS PEREZ

Typed or printed name of signee