

L24000063990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

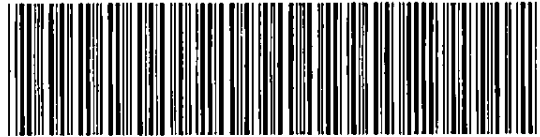
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400427686284

FILED
2024 APR 22 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2024 APR 22 PM 3:25
DISPOSITION OFFICE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Roseby Wade 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:

Ruth W. Stuart

Name of Person

Roby Wade LLC

Firm/Company

5155 El Claro South

Address

West Palm Beach FL 33415

City/State and Zip Code

rstuart144@proton.me

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ruth W. Stuart

Name of Person

at (*904*)

Area Code

485-8048

Daytime Telephone 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
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**

Robywade 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 02/05/2024 and assigned
Florida document number 124000063990.

This amendment is submitted to amend the following:

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

(Principal office address MUST BE A STREET ADDRESS)

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:

New Registered Office Address:

Enter Florida 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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Rovira, Elsa	5155 El Claro south, West Palm	<input type="checkbox"/> Add
		Beach Fl, 33415	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Stuart, Kalayah	5155 El Claro south, West Palm	<input type="checkbox"/> Add
		Beach Fl, 33415	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Stuart, Ruth	5155 El Claro South, West	<input checked="" type="checkbox"/> Add
		Palm Beach, Fl 33415	<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

SECRET
NO FORN DISSEM
027 APR 22
10 3:40
1000

2024 APR 22 PM 3:40
SARIN 2024-04-22 PM 3:40

2024 APR 22 PM 3:40
SUNNYVALE CA 94086

(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)

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 04/22/2024,

Signature of a member or authorized representative of a member

Paul W. Stuart

Typed or printed name of signee

Filing Fee: \$25.00