

(Requestor's Name)	
(Address)	400427020154
(Address)	400427020134
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	04 799,72401025010 ***25.00
(Business Entity Name)	
(Document Number)	24 * F* P
Certified Copies Certificates of Status	24 FB
Special Instructions to Filing Officer:	738 738
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Office Use Only

## **COVER LETTER**

	Rose Rentals LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Artick	es of Amendment and fee(s) are sub	omitted for filing.	
Please return all cort	respondence concerning this matter	to the following:	
	Zachary Miller		
		Name of Person	
	<del>-1</del>	Firm/Company	<u>-</u>
	17036 Teton River Rd		
		Address	
	Boca Raton, FL 33496	City/State and Zip Code	
	zmill799@gmail.com	·	
For further informat	E-mail address: ion concerning this matter, please o	(to be used for future annual report notificall:	ication)
Zachary Miller		650 2073625	
Ne	ame of Person	Area Code Daytime	Telephone Number
Enclosed is a check	for the following amount:		
<b>■ \$</b> 25.00 Filing Fo	ee \$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 Ac</u> Registrati	Idress: ion Section	Street Address: Registration Sec	tion

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section **Division of Corporations** 

> 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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o 19th 2024	and assigned
<u>re</u> :	
esignation "LLC" or the abbrevia	
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da street address	
F31	
, Florida	Code
	re: esignation "LLC" or the abbrevia

## 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.

H 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>	Type of Action
MGR	Kalee Rose Miller	17036 Teton River Rd	<b>=</b> Add
		Boca Raton, FL 33496	□Remove
			□Change
MGR	Zachary Halks Miller	7036 Teton River Rd	■Add
		Boca Raton, FL 33496	□Remove
			□Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
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fective date, if other than the n effective date is listed, the date muste:  If the date inserted in this blocument's effective date on the D	lock does not meet the a	applicable statu	filing or more than tory filing requir	(optional) 90 days after filing ements, this date	) g.) Pursuant to 605.020 will not be listed a
ecord specifies a delayed effectives is filed.	e date, but not an effect	tive time, at 12	:01 a.m. on the e	arlier of: (b) T	he 90th day after the
Feb 29th	2024				
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	Signature of a member o	e authorities	acantative of a	nhae .	

Filing Fee: \$25.00