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Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CLAUDIA LIMA TAX & ACCOUNTING LLC

Account Number : I20230000193 Phone : (407)552-7903 Fax Number : (407)449-2348

Enter the email address for this business entity to be used for future annual report mailings. Enter only one enail address please.

Email Address: INFO@CLAUDIALIMATAX.COM

STATE AND THE TEST OF THE STATE OF THE STATE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROSESELL LLC

Certificate of Status	0
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JUN - 3 2024

COVER LETTER

TO: Registration 8 Division of Co				
ROSESEI SUBJECT:	LL LLC			
30biEC1	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	nondence concerning this matter	to the following:		
	CLAUDIA LIMA			
		Name of Person		
	CLAUDIA LIMA TAX &	ACCOUNTING LLC		
		Firm/Company		
	Name of Person CLAUDIA LIMA TAX & ACCOUNTING LLC Firm/Company 9100 CONROY WINDERMERE RD STE 200 OFFICE 241 Address WINDERMERE, FL 34786 City/State and Zip Code INFO@CLAUDIALIMATAX.COM			
		Address	<u> </u>	
	WINDERMERE, FL 3478	6		
		City/State and Zip Code	Telephone Number S60.00 Filing Fcc, Certificate of Status &	
	-			
	E-mail address: (to be used for future annual report notif	cation)	
For further information	concerning this matter, please c	all:		
CLAUDIA LIMA		407 552-7903		
Name	of Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & 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

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

	LES OF AMENDMENT
APTICI	TO FOR ORGANIZATION
ARTICLI	ES OF ORGANIZATION
•	OF Still Sti
ROSESELL LLC	Start Market Company
(Name of the Limited Liai (A Flor	LES OF AMENDMENT TO LES OF ORGANIZATION OF ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liability	ty Company were filed on 04/24/2024 and assigned
Florida document number L24000192892	 '
This amendment is submitted to amend the following:	p.
A. If amending name, enter the new name of the li	limited liability company here:
<u> </u>	
The new name must be distinguishable and contain the words "I	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
_	
Enter new principal offices address, if applicable:	
(<u>Principal office address MUST BE A STREET AD</u>	DDRESS)
	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	2
٠,	
· ·	
B. If amending the registered agent and/or registe	ered office address on our records, enter the name of the new register
B. If amending the registered agent and/or registe	
B. If amending the registered agent and/or registe agent and/or the new registered office address here	
B. If amending the registered agent and/or registe	
B. If amending the registered agent and/or registe agent and/or the new registered office address here	re:
B. If amending the registered agent and/or registe agent and/or the new registered office address here Name of New Registered Agent:	
B. If amending the registered agent and/or registe agent and/or the new registered office address here Name of New Registered Agent:	Enter Florida street address
B. If amending the registered agent and/or registe agent and/or the new registered office address here Name of New Registered Agent:	Enter Floridu street address

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.

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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
AMBR	ROSE JANVIER	6214 KAIETEUR LANE	[J] Add
		ORLANDO, FL 32808	□ Remove
			■ Change
			□Add
			□Remove
			□ Change
			Add Hard To the Manager To the Manag
•			LCATA SSEE
			H SSLL OF LORD
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blocument's effective date on the Defective date.	ock does not me	et the applica	o date of filing ble statutory i	or more than 90 c filing requireme	_ (optiona lays after filin ents, this dat	g.) Pursuant to	605.0207 (3 listed as the
record specifies a delayed effective d is filed.	: date, but not a	n effective tin	ne, at 12:01 a	m. on the carli	er of: (b)	The 90th day a	after the
Dated MAY 29TH	,	2024					
	,	-	_				
Rose Janvier Rose Janver (May 29, 1024 18 09 ED	r) Signature of a me						

Q

FAX 2 +14074492348

T.

<u>E 7/8</u> 2 31.5.2024 7:51:14

Filing Fee: \$25.00