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SECRETARY OF STATE TALLAHASSEE, FL

2024 JUL 11 PH 2: |



## **COVER LETTER**

Div	ision of Corp	porations				
SUBJECT:	Roselli Ente	rprises, LLC				
		Name of Lim	ited Liability Company			
The enclosed	l Articles of /	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspon	ndence concerning this matter	to the following:			
		Jennifer B Roselli				
			Name of Person		-	
		Roselli Enterprises, LLC				
			Firm/Company		-	
		36 Coquina Ridge Way			-	
			Address		-	
		Ormond Beach, FL 32174				
			City/State and Zip Code		-	
		rjrose58@aol.com	to be used for future annual report notifi	igntion	2024 SEC T/	
For further in	nformation co	oncerning this matter, please co	•	cation)	2024 JUL II PH 2: SECRETARY OF ST TALLAHASSEE, F	**************************************
Jennifer Ros	elli		386 214-8856		ASSI ASSI	[]
	Name of	Person	at () Area Code Daytime	Telephone Number	124 JUL 11 PH 2: 15 ECRETARY OF STATE TALLAHASSEE, FL	<u></u>
Enclosed is a	check for th	e following amount:				
□ \$25.00 £	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

TO:

Registration Section

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

Roselli Enterprises, LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our reco ited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp	any were filed on June 14, 2024	and assigned
Florida document number <u>L24000272205</u> .		
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 I	Liability Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
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 here:	ice address on our records. ente	SECRE ARY OF STALLAHASSEE, Per the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	703
		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 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
MGR	Roger J Roselli	36 Coquina Ridge Way, Ormond Beach, FL 32174	<b>=</b> Add
			□Remove
			□Change
			□Add
			□Remove
		TALL>	Change
		HASSEE, FL	SECRETARY OF STATE
			□Add
			□Remove
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