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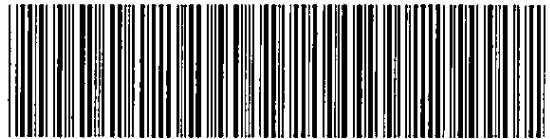
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Rosario's Delivery Services, 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:

Frank Rosario

\_\_\_\_\_  
Name of Person

Rosario's Delivery Services, LLC

\_\_\_\_\_  
Firm/Company

3548 Gulfstream Rd

\_\_\_\_\_  
Address

Lake Worth, FL 33461

\_\_\_\_\_  
City/State and Zip Code

rosario428@yahoo.com

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

For further information concerning this matter, please call:

Frank Rosario

561 464-1582

at ( )

\_\_\_\_\_  
Name of Person

Area Code

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

SECRETARY OF STATE  
TALLAHASSEE, FL

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TREASURER  
FLORIDA  
TALLAHASSEE, FL

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	Frank Rosario	3548 Gulfstream Rd, Lake Worth, FL 33461	<input checked="" type="checkbox"/> Add
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AR	Meggin Rosario	3548 Gulfstream Rd, Lake Worth, FL 33461	<input type="checkbox"/> Add
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**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.

Dated June 24th 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee

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OFFICE OF THE  
GOVERNOR OF THE  
STATE OF FLORIDA  
TALLAHASSEE, FL

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