## 124000273873

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

	Registration Se Division of Cor			
SUBJEC		ALS PROPERTIES, LLC		
SUBJEC	.li	Name of Lim	ited Liability Company	··········
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		DELROY ROSE		
			Name of Person	
			Firm/Company	
		1460 NW 73RD AVE		
			Address	
		PLANTATION, FL 33313		
		rosepetals 1053@gmail.com		
For furth	er information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report nall:	otification)
DELRO	Y ROSE		954 643-0267	
	Name o	f Person	Area Code Day	time Telephone Number
Enclosed	l is a check for th	ne following amount:		
□ <b>\$2</b> 5.	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 Addres		Street Address:	
	Registration S Division of C		Registration S Division of C	
	P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROSE PETALS PROPERTIES, LLC	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{0}{2}$	06/17/2024 and assigned
lorida document number L24000273873	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability company	<u>here</u> :
he new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
· · ·	<u></u>
inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
I. If amending the registered agent and/or registered office address on our gent and/or the new registered office address here:	records, enter the name of the new regist
gent and/of the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Fi	lorida 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 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
AMBR	WRIGHT, ZHANDRA L	1460 NW 73RD AVEPLANTATION, FL 33313	
			Remove
			☐ Change
AMBR	ROSE, DELROY	1460 NW 73RD AVEPLANTATION, FL 33313	<b>=</b> Add
		<del></del>	□ Remove
			Change
			🗆 Add
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n effecti ote: If i	ve date is listed, the the date inserted i	than the date of e date must be specif in this block does on the Departmen	fic and cannot be pri not meet the app	licable statutory fi	(o) or more than 90 days a iling requirements,	ptional) offer filing.) Pursuant this date will not b	to 605.0207 e listed as
		I effective date, by	ut not an effective	time, at 12:01 a.s	m. on the earlier of	(b) The 90th day	after the
is filed. Inl	1 t		2024	<u></u> .			
is filed.	1 t		·	 ~Aux			_
is filed.	1 t		·	thyrized represental	tive of a member		_

Filing Fee: \$25.00