

L24 000422762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

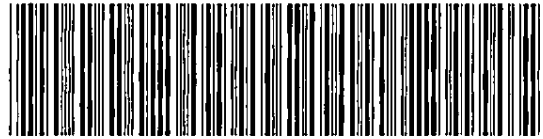
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROSE FEDERAL SOLUTIONS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

DEVON DAUGHTRY

Name of Person

ROSE FEDERAL SOLUTIONS LLC

Firm/Company

6421 N FLORIDA AVE SUITE D-1793

Address

TAMPA, FL 33604

City/State and Zip Code

ROSEFEDERALSOLUTIONS@GMAIL.COM

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

For further information concerning this matter, please call:

DEVON DAUGHTRY

215 3547717
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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If 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>	<u>Type of Action</u>
MGR	DEVON DAUGHTRY	6421 N FLORIDA AVE SUITE D-1793	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33604	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Devon Daughtry	6421 N Florida Ave Suite D-1793	<input checked="" type="checkbox"/> Add
		Tampa, FL 33604	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FL

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

SUNCOAST BANK STATES I AM NOT SHOWING AS AN AUTHORIZED PERSON. PLEASE ENSURE I,

DEVON DAUGHTRY, AM LISTED AS AN AUTHORIZED PERSON

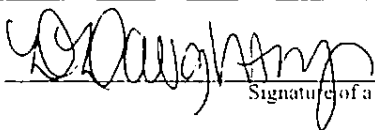
E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 10/21/24



Signature of a member or authorized representative of a member

DEVON DAUGHTRY

Typed or printed name of signee

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Filing Fee: \$25.00