M16000002889

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(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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O SIMMONS MAR 1 8 2020 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 205626 7951683
AUTHORIZATION THE Bleman
COST LIMIT : \$ 25.00
ORDER DATE: March 6, 2020
ORDER TIME : 3:21 PM
ORDER NO. : 205626-035
CUSTOMER NO: 7951683
FOREIGN FILINGS
NAME: ROSE GLEN ADVISORS, LLC
CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY
XXXX AMENDMENT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Kadesha Roberson EXT# 62980

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

 Name of limited liability Company as it apperaisments. Rose Glen Advisors, LLC 		
Enter new principal office address, if applicable		7/2
Principal office address		77.
MUST BE A STREET ADDRESS)		-
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited	liability company is: M16000	002889
3. Jurisdiction of its organization: Delawar		
4. Date authorized to do business in Florida: 0		
SECTION II (5-9 complete only the applicab	•	
5. New name of the limited liability company: (m	Rose Glen, LLC nust contain "Limited Liability Con	npany, ""L.L.C.," or "LLC.")
If name unavailable, enter alternate name adop copy of the written consent of the managers or must contain "Limited Liability Company," "L.	managing members adopting the al	
6. If amending the registered agent and/or regist egistered agent and/or the new registered office		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Floride	Ctuant Address
	Enter Florida	
-	City	, Florida Zip Code
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a he provisions of all statutes relative to the propand accept the obligations of my position as regional accept the obligations of my position as regional to the propand accept the being filed to merely reflect a changiability company has been notified in writing of	ngent and agree to act in this capac per and complete performance of m gistered agent as provided for in Ci age in the registered office address,	ry duties, and I am familiar wit hapter 605, F.S. Or, if this

e/ Capacity	<u>Name</u>	Address	Type of Action
			Add
			Remov
			Add 2020 HA
			Remov
			Remove
			Add
			Remove
			Add
			Remove

Typed or printed name of signee

Filing Fee: \$25.00

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ROSE GLEN ADVISORS, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "ROSE GLEN, LLC" ON THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2020, AT 10:37 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED

LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT

HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS

OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Authentication: 202596159

Date: 03-16-20