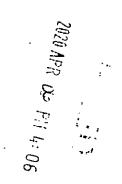
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COVER LETTER

	Registration Se Division of Cor		,	e.
eud iez				
SOBJEC	1: <u></u>	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		Amanda L. Romeo		
			Name of Person	
			Firm/Company	
		75 Valley Grove Drive		
		Dunta Vades El 22081	Address	
		Polite Vedra, PL 52081	City/State and Zip Code	
Name of Person				
				otification)
For furthe	er information c	oncerning this matter, please c	all:	
Amanda	L. Romeo	904 525-5013		
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed	is a check for the	ne following amount:		
□ \$ 25.0	00 Filing Fee		Certified Copy	Certificate of Status &
				ection
	Registration : Division of C		Division of Co	
	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

Romeo-Martin Securities, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our reco bility Company)	ords.)
The Articles of Organization for this Limited Liability Company w	ere filed on 10/04/2019	and assigned
Florida document number L19000250287		
This amendment is submitted to amend the following:		020 AFR O
A. If amending name, enter the new name of the limited liabili	ty company here:	
Amanda Louise Romeo, LLC		= 11
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "Ll	LC" or the abbreviation "L.E.C."
Fator new name in a office and durant if applicables		5 6
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		-
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office ad	dress on our records, <u>ent</u> e	er the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addi	ress
		Clasida
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	•
	An order Africa amountary I	Contlement of the second of the
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, ovided for in Chapter 602	and I am familiar with and 5, F.S. Or, if this document is

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>Tițle</u>	<u>Name</u>	Address	Type of Action
MGR	Amanda L. Romeo	75 Valley Grove Drive	□ Add
		Ponte Vedra, FL 32081	□Remove
			■Change
PRES	Benjamin J. Martin	75 Valley Grove Drive	□Add
		Ponte Vedra, FL 32081	■ Remove
			Zamove Accompany
			□ Add;
			—————————————————————————————————————
			Change
			□Add
			□Remove
			□Add
			🗆 Remove
			Change
			□ Add
			□Remove
			Change

		
		
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ffective date, if other than the date of filing:	(optional)	
an effective date is listed, the date must be specific and cannot be	e prior to date of filing or more than 90 days after filing.) Pursuant t applicable statutory filing requirements, this date will not b	to 605.020 se listed a
record specifies a delayed effective date, but not an effective date, but not an effective filed.	tive time, at 12:01 a.m. on the earlier of: (b) The 90th day	g after the
ated April 3	·	
ϵ (i) ϵ	11, 0	
W.C. William IX	or authorized representative of a member	_

Filing Fee: \$25.00