

**L230001991273**  
Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : RCA ACCOUNTING SERVICES CORP  
Account Number : I20180000102  
Phone : (305)799-7633  
Fax Number : (786)783-3650

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ROMBI LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROMBI LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/17/2023 and assigned Florida document number L23000244111.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2023 JUN -1 AM 10:57

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: SILVA I. KUPERMAN

New Registered Office Address: 1550 NE 191 ST #109

Enter Florida street address

MIAMI

Florida 33179

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.*

1121 Silvia L. Kuperman  
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>                      |
|--------------|-------------------|---------------------|--|
| AMBR         | AYALA, LAURA      | 1550 NE 191 ST #109 | <input type="checkbox"/> Add               |
|              |                   | MIAMI, FL 33179     | <input checked="" type="checkbox"/> Remove |
|              |                   |                     | <input type="checkbox"/> Change            |
| AMBR         | AYALA, MARIA      | 1550 NE 191 ST #109 | <input type="checkbox"/> Add               |
|              |                   | MIAMI, FL 33179     | <input checked="" type="checkbox"/> Remove |
|              |                   |                     | <input type="checkbox"/> Change            |
| MGR          | SILVIA L KUPERMAN | 1550 NE 191 ST #109 | <input checked="" type="checkbox"/> Add    |
|              |                   | MIAMI, FL 33179     | <input type="checkbox"/> Remove            |
|              |                   |                     | <input type="checkbox"/> Change            |
|              |                   |                     | <input type="checkbox"/> Add               |
|              |                   |                     | <input type="checkbox"/> Remove            |
|              |                   |                     | <input type="checkbox"/> Change            |
|              |                   |                     | <input type="checkbox"/> Add               |
|              |                   |                     | <input type="checkbox"/> Remove            |
|              |                   |                     | <input type="checkbox"/> Change            |

