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| (Requestor's Name) | | |
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| PICK-UP WAIT MAIL | | |
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| (Business Entity Name) | | |
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| Certified Copies Certificates of Status | | |
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| Special Instructions to Filing Officer: | | |
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J. Stavers MAR 07 2014

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

Rommac Holdings, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gail Martin Abercrombie

Name of Person

Sivyer Barlow & Watson, P.A.

Firm/Company

410 East Jackson Street, Suite 2225

Address

Tampa, FL 33602

City/State and Zip Code

JCampoamor@integrityft.com

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

For further information concerning this matter, please call:

Gail Martin Abercrombie

....813 \ 221-4242

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Rommac Holdings, LLC | | |
|---|--|--|
| (Name of the Limited Liability Compa (A Florida Limited | any as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number L0500076636 | were filed on 08/02/2005 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | |
| The new name must be distinguishable and end with the words "Limited Liab | pility Company," the designation "LLC" of | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 5460 Lithia Pinecrest Rd. | |
| (Principal office address MUST BE A STREET ADDRESS) | Lithia, FL 33547 | × : , |
| | | |
| Enter new mailing address, if applicable: | 5460 Lithia Pinecrest I | Road _ |
| Mailing address MAY BE A POST OFFICE BOX) | Lithia, FL 33547 | ************************************** |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her | | enter the name of the n |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Floric | da |
| | 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title <u>Name</u> **Address** Type of Action 5460 Lithia Pinecrest Road **MGRM** Joe M. Campoamor, Jr. Lithia, FL 33547 ■ Remove 5460 Lithia Pincrest Road MGR Joe M. Campoamor, Jr. Lithia, FL 33547 □ Remove □ Add □ Remove · □ Add □ Remove □ Add ☐ Remove

| D. If amending any other information, enter change(s) here: (Attach addition Replace Article V - Management of Company with the following revisor.) | , , |
|--|--|
| Article V - Management of the C | ompany |
| The Company shall be manager-managed. The in | nitial Manager is: |
| Joe M. Campoamor, Jr. | |
| 5460 Lithia Pinecrest Road, Lithia, FL | 33547 |
| C. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be the date this document is filed by the Florida Department of State) | (optional) pe more than 90 days after |
| Dated March 5 2014 | |
| Sail Martin Alex | conhie |
| Signature of a member or authorized representative | of a member |
| Typed or printed name of signee | 1 |

Page 3 of 3

Filing Fee: \$25.00