

LOT 00074394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

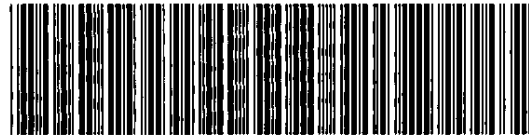
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JUN 08 2010

EXAMINER



200181672372

06/07/10--01043--002 **25.00

FILED
10 JUN -7 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROMA WOODWORKING 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:

ENRICO SOMMA

Name of Person

ROMA WOODWORKING LLC

Firm/Company

1718 INDEPENDENCE BLVD

Address

SARASOTA FL 34234

City/State and Zip Code

enrico@romawoodworking.com

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

For further information concerning this matter, please call:

ENRICO

Name of Person

at ()

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

#1791

5/28/10

\$25-00

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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

FILED
10 JUN -7 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on JULY 2007 and assigned Florida document number LO7000074394

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 end with 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)

1718 INDEPENDENCE BLVD

SARASOTA FL 34234

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE.

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:

ENRICO SOMMA

New Registered Office Address:

1718 INDEPENDENCE BLVD

Enter Florida street address

SARASOTA

City

Florida

34234

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 608, 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

MGRM = Managing Member

REMOVE

Title	Name	Address	Type of Action
MGRM	KARL W. SUSMANN	3105 WILDERNESS BLVD W PARRISH FL 34219	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	LORI R SUSMANN	3105 WILDERNESS BLVD W PARRISH FL 34219	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

KARL SUSMANN 25%

LORI SUSMANN 25%

CONVEY THEIR SHARES TO ENRICO SOMMA
AS PER ATTACHED AGREEMENT.

Dated

x 

Signature of a member or authorized representative of a member

KARL W. SUSMANN

Typed or printed name of signee