L07000096116

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
	cument Number)	
(50	cument (vaniber)	
Certified Copies	Certificates of	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER · ·

10:	Division of Corp			
SUBJE		INTERNATIONAL BUSINE	SS, LLC	
SCDJE	C1	Name of Limi	ited Liability Company	
The end	closed Articles of A	Amendment and fee(s) are subt	mitted for filing.	
Please 1	eturn all correspor	ndence concerning this matter t	to the following:	
		Indyara C. Andion Piquet		
			Name of Person	
		Piquet Law Firm, P.A.		
			Firm/Company	
		801 Brickell Ave, Suite 16	10	
			Address	
		Miami, FL 33131		
			City/State and Zip Code	
		indyara@piquetlawfirm.com		
		E-mail address: (t	to be used for future annual report notifi	cation)
For furt	her information co	ncerning this matter, please ca	all:	
Indyara	a C. Andion Piquet	:	786 558-8054 at ()	
	. Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for the	e following amount:		
\$25	i.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



November 5, 2015

INDYARA C ANDION PIQUET PIQUET LAW FIRM, P.A. 801 BRICKELL AVEN, SUITE 1610 MIAMI, FL 33131

SUBJECT: ROME MC INTERNATIONAL BUSINESS LLC

Ref. Number: L07000096116

We have received your document for ROME MC INTERNATIONAL BUSINESS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 315A00023478

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit		ny as it now appears on our rec Liability Company)	cords,)	_	
The Articles of Organization for this Limited L Florida document number L07000096116	iability Company	were filed on 09/20/2007	an	ıd assign	ned
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
MERCOCAMP INTERNATIONAL, LLC					
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "	'LLC" or the abbreviati	on "L.L.C	
Enter new principal offices address, if applic	able:	N/A			
(Principal office address MUST BE A STREE	ET ADDRESS)				2013
	•			<u> </u>	
					<u>4</u> 13
Enter new mailing address, if applicable:		N/A		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)					프
				<u>.</u>	- <u>5</u>
					9
B. If amending the registered agent and registered agent and/or the new registered of			cords, <u>enter the n</u>	ame of	the ne
Name of New Registered Agent:	PROFESSION	IAL CORPORATE SERVICE	ES, LLC		
New Registered Office Address:	801 BRICKEI	L AVENUE, SUITE 1610			
-		Enter Florida street a	ddress		
	MIAMI		, Florida ³³¹³¹		
		City	Ζip	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 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

Title	Name	Address	Type of Action
MGRM	Ronaldo Tadeu Alighieri	7345 West Sand Lake Road # 312	
		Orlando, FL 32819	■ Remove
			Change
MGR	Breno Sasso Alighieri	7345 West Sand Lake Road # 312	
		Orlando, FL 32819	■ Remove
			Change
MGR	Luís Vicente D. Cracasso	7345 West Sand Lake Road # 312	Add
		Orlando, FL 32819	■ Remove
			□ Change
			Change Change Change Change Change Change
			□ Remove □ Change (1) □ Add
			□ Add
			Chauge

11 amending an	y otner information, ente	r change(s) here: (Attach additional sheets	, if necessary.)	
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Note: If the date document's effect the record spe	inserted in this block does netive date on the Department	re date, but not an effective time, at 1	ents, this date will not be list	ted as the
October 2		2015	•	
Dated		1		
	*	2000 Land	E E	2612
	Signature	of a member or authorized representative of a member	#	AON S
Indya	ara C. Andion Piquet		· 202	;
		Typed or printed name of signee	## 130	3 P.
		Page 3 of 3	FLORIDA	යා ු
		Filing Fee: \$25.00	DA.	26