

LOT 0000 96116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

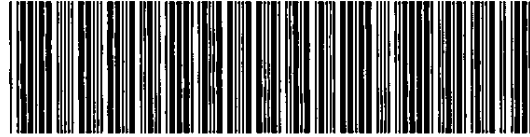
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 NOV 13 PM 5: 26
DEPT OF STATE
TALLAHASSEE, FLORIDA

FILED

11/04/15--01017--003 **25.00

15 NOV 13 PM 4: 31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

NOV 16 2015
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROME MC INTERNATIONAL BUSINESS, 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:

Indyara C. Andion Piquet

Name of Person

Piquet Law Firm, P.A.

Firm/Company

801 Brickell Ave, Suite 1610

Address

Miami, FL 33131

City/State and Zip Code

indyara@piquetlawfirm.com

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

For further information concerning this matter, please call:

Indyara C. Andion Piquet

786 558-8054
at (_____) _____

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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

FILE
2015 NOV 13 PM 5:26
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROME MC INTERNATIONAL BUSINES, 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 09/20/2007 and assigned Florida document number L07000096116

This amendment is submitted to amend the following:

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

MERCOCAMP INTERNATIONAL, LLC

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

PROFESSIONAL CORPORATE SERVICES, LLC

New Registered Office Address:

801 BRICKELL AVENUE, SUITE 1610

Enter Florida street address

MIAMI

City

Florida 33131

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.

[Signature] 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>
MGRM	Ronaldo Tadeu Alighieri	7345 West Sand Lake Road # 312	<input type="checkbox"/> Add
		Orlando, FL 32819	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Breno Sasso Alighieri	7345 West Sand Lake Road # 312	<input type="checkbox"/> Add
		Orlando, FL 32819	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Luis Vicente D. Cracasso	7345 West Sand Lake Road # 312	<input type="checkbox"/> Add
		Orlando, FL 32819	<input checked="" 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

2015 NOV 13 PM 5:26
 STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 TALLAHASSEE, FLORIDA

