

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phon	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only

G. MCLEOD

JUL 3 1 2008

**EXAMINER** 



000133125170

07/21/08--01021--019 \*\*35.00



00 JUL 30 AM 10: 31

## **COVER LETTER**

TO: Registration Se Division of Cor							
SUBJECT:	ROMINA SERGILLC						
(Name of Limited Liability Company)							
The enclosed Articles of	Amendment and fee(s) are submitted for filing.						
Please return all correspo	ondence concerning this matter to the following:						
	VANESSA E LTIALEH  (Name of Person)						
	(Name of Person)						
	CILS INC.						
	(Firm/Company)						
	407 Gircoln Rd #12F						
	(City/State and Zip Code)						
For further information c	oncerning this matter, please call:						
(Name	of Person) at ( 786 423 3838 (Area Code & Daytime Telephone Number)						
Enclosed is a check for the	ne following amount: A check of \$35.00 was already sent,						
\$25.00 Filing Fee	□\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee,  Certificate of Status & Certificate of Status & 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



	OI*		, i	3/
Romina SEA (Name of the Limited Liab) (A Florid	261 U ility Company da Limited Lia	as it now appeability Company)	rs on our records.)	<del></del>
The Articles of Organization for this Limited Liability		ere filed on	March 6, 200	<u>ാഴ</u> and assigned
This amendment is submitted to amend the following	j:			
A. If amending name, enter the new name of the l	limited liabili	ty company he	re:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited	d Liability Comp	pany," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD		3340 # 50 Aventu		Street 3180
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u>D</u>	Same	as above	
B. If amending the registered agent and/or re		ce address on	our records, enter	the name of the new
Name of New Registered Agent:	Vanessa	a Elmak	h Esquire	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	407	Lincoln	Rd # Enter Florida street a	)2 <del>f</del> ddress)
	vi	An'l (City)	, Florida _	33139 (Zip Code)
Now Desistand Agent's Signature if changing Regist	tered 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.

(If Changing Registered Agent, Signature of New Registered Agent)

Page 1 of 2

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'= Ma MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			<b></b> Add
			Remove
			- Domovo
		•	Add Remove
		·	Add Remove
	· .		Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if ne	ecessary.)
_			
Dated	,		
		er grauthorized representatives a member	
	Type:	d or printed name of signee	<u>.</u>

Page 2 of 2

Filing Fee: \$25.00