

LOP 000034828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

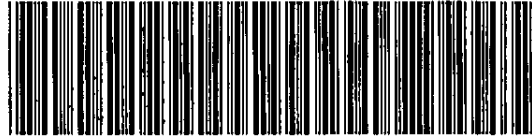
(Business Entity Name)

(Document Number)

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J SHIVERS

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16 APR 29 AM 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROMI ENTERPRISES, 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:

ROMUAZD PRYPUTNIEWICZ
Name of Person
ROMI ENTERPRISES, LLC
Firm/Company
1785 NW HARBOR PLACE
Address
STUART, FLORIDA 34994
City/State and Zip Code
ROMAN55C@ALLSOUTH.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROMUAZD PRYPUTNIEWICZ at (860) 209-4451
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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>
MGR	MIROSLAW PRYPUTNIEWICZ	56 JEFFREY LANE	<input type="checkbox"/> Add
		BERLIN, CT. 06037	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ELIZABETH PRYPUTNIEWICZ	56 JEFFREY LANE	<input checked="" type="checkbox"/> Add
		BERLIN, CT 06037	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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16 APR 19 7:50
 SECRETARY OF STATE
 MASSACHUSETTS

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

10 APR 29 AM 7:58
SECRETARY OF STATE
JAIL ADMINISTRATIVE LONDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated APRIL 25, 2016

Signature of a member or authorized representative

ROMUALD PRYPUTNIKIEWICZ
Typed or printed name of signee