LII 00000 6302

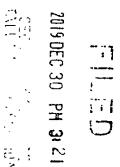
(Requestor's N	lame)
(Address)	
(Address)	
(City/State/Zip.	/Phone #)
PICK-UP WA	IT MAIL
(Business Enti	ty Name)
(Document Nu	mber)
Certified Copies Certi	ficates of Status
Special Instructions to Filing Office	er:

Office Use Only



100338251581

12/30/19--01012--015 **25.00



V SULKER

COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:	Lee A. Roma	ano, LLC		
SUBJECT.		Name of Limi	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please return	all correspon	ndence concerning this matter t	to the following:	
		Adrienne Brace		
			Name of Person	
		Adrienne Brace, CPA, P.A.		
			Firm/Company	
		120 Venetian Way, Suite 13	5	
			Address	
		Merritt Island, FL 32953		
			City/State and Zip Code	
		bracecpa@abracecpa.com		
		E-mail address: (to	o be used for future annual report not	ification)
For further in	iformation co	ncerning this matter, please ca	d i :	
Adrienne Br	ace		321 417-5544 at ()	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	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

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lee A. Romano, LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.)
The Articles of Organization for this Limited Liability Company were filed	on 1/14/2011 and assigned
Florida document number 1.11000006302	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
The new name must be distinguishable and contain the words "Limited Liability Company	y." the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	2019 CS
	B 11
	3 -
B. If amending the registered agent and/or registered office address on	our records, enter the name of the new regis
igent and/or the new registered office address here:	7
	မှ (N
Name of New Registered Agent:	
New Registered Office Address:	
En	iter Florida street address
	. Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Address	Type of Action
MGR	Patricia Romano	1410 Wekiva Drive	□Add
		Melbourne, FL 3294()	
			□ Change
AR Patricia Romano	1410 Wekiva Drive	≣ Add	
	Melbourne, FL 3294()		
		□ Change	
		□Add	
			□Remove
			□ Change
		□Add	
		□ Remove	
			□ Change
			□Add
			□Change
			□Add
			□Remove
			□Change

, ii an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an el Note:	tive date, if other than the date of filing:
he reco ord is f	rd 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 filed.
Dated	Decembe: 28 2019
	Signature of a member or authorized representative of a member
	·
	PONICIA ROMANO Typed or printed name of signee