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JUL 3 0 2013 J. BRYAN

COVER LETTER

TO: F

Registration Section
Division of Corporations

SUBJECT

ROMARKO 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:

Marko R Gudziak

Name of Person

Romarko LLC

Firm/Company

3235 Interlaken St

Address

West Bloomfield, MI 48323

City/State and Zip Code

mgudziak@comcast.net

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

For further information concerning this matter, please call:

Marko R Gudziak

248 840-0845

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Romarko LLC

(Name of the Limited Liability Company as it now appears on our records.)

(AF	lorida Limited Liability Company)	
		THE PART OF THE PA
The Articles of Organization for this Limited Liab	oility Company were filed on 11/21/	11 and assigned
Florida document number L11000132213		SE S
Tiorida document number	·	Or.
		·
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
<u> </u>	······································	
The new name must be distinguishable and end with t	the monda (II instead I inhibite Commune)	the decimation "I I C" on the abbunulation
"L.L.C."	the words Elimited Elability Company,	the designation LLC or the abbreviation
	_	
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	, , , , , , , , , , , , , , , , , , , ,
Enter new mailing address, if applicable:		
• • • • • • • • • • • • • • • • • • • •	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
registered agent and/or the new registered orne	ce address here.	
•		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter I	Florida street address
		F1. 13.
	City	, Florida Zip Code
	Cnjy	Lip Codo

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 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

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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address T	ype of Action
MGRM	Roma M Gudziak	3235 Interlaken St	✓ Add
		West Bloomfield, MI 48323	Remove
MGRM	Marko R Gudziak	3235 Interlaken St	Add
		West Bloomfield, MI 48323	Remove
MGR	Marko R Gudziak	3235 Interlaken St	✓ Add
		West Bloomfield, MI 48323	Remove
		AHASSEE, FLOR	Add Remove Ph 2:5
			Remove
			Add

. If amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
	A
4 - J	7/22/2013 //
ted	,
	/ /Must
	Signature of a member or authorized representative of a member
	·
	Marko R Gudziak, MGRM
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
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