

LL3000061063

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(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROM-COOLING, 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:

Michael D. Nicoleau, Esq.

Name of Person

NICOLEAU | LAW

Firm/Company

11900 Biscayne Blvd, Suite 805

Address

North Miami, Florida 33181

City/State and Zip Code

michael@nicoleaulaw.com

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

For further information concerning this matter, please call:

Michael Nicoleau

305 438-7883
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ROM-COOLING, 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 April 26, 2013 and assigned
Florida document number L13000061063

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

5012 SW 88 Terrace

(Principal office address MUST BE A STREET ADDRESS)

Cooper City, FL 33328

Enter new mailing address, if applicable:

5012 SW 88 Terrace

(Mailing address MAY BE A POST OFFICE BOX)

Cooper City, FL 33328

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:

Alin Lazarescu

New Registered Office Address:

5012 SW 88 Terrace

Enter Florida street address

Cooper City

Florida 33328

City

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.



If Changing Registered Agent, Signature of New Registered Agent

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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	Cosmin Bogdan	2000 N 29th Ave. Apt. 107	<input type="checkbox"/> Add
		Hollywood, FL 33020	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Cosmin Bogdan	2000 N 29th Ave. Apt. 107	<input type="checkbox"/> Add
		Hollywood, FL 33020	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Alin Lazarescu	5012 SW 88 Terrace	<input checked="" type="checkbox"/> Add
		Cooper City, FL 33328	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Alin Lazarescu	5012 SW 88 Terrace	<input checked="" type="checkbox"/> Add
		Cooper City, FL 33328	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(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)

Dated March 9 2018

Michael N. Calabrese, Esq.
Signature of a member or authorized representative of a member

Michael D. Nicoleau, Esq.

Typed or printed name of signer