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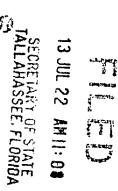
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COVER LETTER

TO: Registration Section Division of Corporation	on rations		N 3
SUBJECT:	Merican Gysy Name of Limited Liability	Collective	
The enclosed Articles of An	endment and fee(s) are submitted for file	ng.	
Please return all corresponde	ence concerning this matter to the follow	ing:	
		Minni FPerson	
	Firm/Co	ompany	
	2484 Prain	ie Ave	
	Miami be	Cach FL 33	140
	E-mail address: (to be used for f		i @ gmail.com
For further information cond	erning this matter, please call:		
Name of Pe	e Malchionni at &	Area Code & Daytime Teleph	ARE JE
Enclosed is a check for the	following amount:		ARY ARY
\$25.00 Filing Fee	Certificate of Status Certif	Filing Fee & Carlosed Copy ional copy is enclosed)	Certificate of Status & Certificate of Status & Certified Status & Cer

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

Name of the Limited Liability (Name of the Limited Liability (A Florida)	Company as it now appears on o Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability C Florida document number <u>L 130000 8957</u>	Company were filed on <u>しい</u> ん	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited Hability company here:	
Romano	e Riders LLC	
The new name must be distinguishable and end with the wor'L.L.C."	rds " ed Liability Company," th	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	***************************************	
Principal office address MUST BE A STREET ADDI	RESS)	G
		ALC V
		AZ € 1
Enter new mailing address, if applicable:		22 ASS
(Mailing address MAY BE A POST OFFICE BOX)		Te a III
	-	- c =
		ATE O
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		ecords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fl	orida street address
		, Florida
	City	Zip Code

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 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	Type o	f Action
			-	Add Remove
			-	Add Remove
		SECRE JARY OF STATE	13 JUL 22	Add Remove
		SEE FLORIDA	2 AM II: 09	Add
			-	Add Remove
***************************************	<u></u>		-	Add Remove
			•	Уещоле

 July 15	<u> </u>
 July 15	
 ,	matali Marchion re of a member or authorized representative of a member Natall Marchioni

Page 3 of 3

Filing Fee: \$25.00

13 JUL 22 AM II: 09
SECRETARY OF STATE
TALLAHASSEE. FLORID