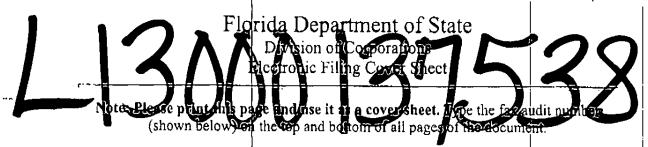
Division of Corporations



(((H24000219682 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 Phone .

: (727)442-1200

Fax Number

: (727)443-5829

าแอรา

`, (

1855

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROMULAN, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Coun	03
Estimated Charge	\$25.00

M. SOLOMON

JUN 2 6 2024

Electronic Filing Menu

Corporate Filing Menu

Help

Ø0002/0004

ARTICLES OF AMENDMENT FAX AUDIT # H24000219682 3

\$1.00 m	ТО	RODII #	1124UU	7217062
ART	ICLES OF ORGANIZATION			į
2717	OF.	•		<u> </u>
		,		İ
ROMULAN, L.L.C.		<u> </u>		:
(Mame of the Lim	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		•	<u>.</u>
September A. S.	00/20/2012			j :
The Articles of Organization for this Limited I	liability Company were filed on 09/30/2013	ar	nd assign	ed .
Florida document number L13000137538	'			; . !
This amendment is submitted to amend the foll B.	lowing:			<u> </u>
Ale If amending name, enter the new name	of the limited liability company here:		•	
				<u> </u>
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or	the abbreviati	iọn "L.L.C	<u> </u>
Enter new principal offices address, if appli			•	į
			1	<u>! </u>
(Principal office address MUST BE A STRE.	ET ADDRESS)	<u> </u>	1	<u> </u>
		! 	:,	-
				``
Enter new mailing address, if applicable:		<u> </u>	1 22	
(Mailing address MAY BE A POST OFFICE	BOX)	:	26	
ace: L.				[](E)
feft			, 15	- J
B. If amending the registered agent and/or	registered office address on our records, enter the	name of th	<u>e nëw re</u>	gistéred
agent and/or the new registered office addre	<u>ss here</u> :		,	خ
Name of New Registered Agent:		<u> </u>	;	<u> </u>
New Registered Office Address:				
	Enter Florida street address	İ		i
••	. Floric	 da		
	City	ï	Code	1
New Registered Agent's Signature, if changing	Registered Agent:			!
provisions of all statutes relative to the propacter accept the obligations of my position as reg	ed agent and agree to act in this capacity. I furtherer and complete performance of my duties, and istered agent as provided for in Chapter 605, F.S registered office address, I hereby confirm that to change.	am familia Or, if this	n with a	nd
	If Changing Registered Agent, Signature of No	ew Registered	Agent	
•		1	1	1

-06/25/2024 5:09PM FAX 7274435829	GASSMAN, CROTTY@DENICOLO	Ø0003/0004
If amending Authorized Person(s) authorized or removed from our records:	d to manage, enter the title, name, and address	X AUDIT # H24000219682 :
MGR = Munager AMBR = Authorized Member		: :
Title Name	<u>Address</u>	Type of Action
MGR JOAN DICKSON	31 LALLI DRIVE	□Add
Ge.	KATONAH, NY 10536	■Remove
:		□ Change
		□Remove
		□ Change
2 <u>16.</u> Pk. 1		□ Remove
i,		El Change
A		□Add
		□ Remove
. "		☐ Change
		□ Add '
The P. W		DRemove
Flor		Change
To sure		
		□ Remove
		☐Change
FAX AUDIT # H24000219682 3		

	FAX	AUDIT # H240002	19682
If amending	any other information, enter change(s) here: (Attach additional sheets, if ne	cessary.)	
			:
 			
•			:
			:
			:
		<u> </u>]
			:
. 1			:
		1 25	i: 1: <i>u</i>
<u></u>		<u> </u>	
		N)	
			1 2
		1 13	57.5
			, i = 1
			}
If an effective d Note: If the c document's c	te, if other than the date of filing: (op- ate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days aft date inserted in this block does not meet the applicable statutory filing requirements, the ffective date on the Department of State's records. fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:	nis date will not be listed	das the
JUNE.	25 2024		
Dated	TO TOY.		
٠	Signature of a member or authorized representative of a member		
Αl	LAN S. GASSMAN, ESQ. AUTH REP.		
	Tuesdan - sinted name of compa		I .
	Typed or printed name of signee		!
•	yped of printed name of signee		!