Ludio 1019

(Requ	estor's Name)	
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(City/S	State/Zip/Phon	e #)
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15 DEC -7 PM 4: 19 SECRETARY OF STATE TALLAHASSEE, ELORIDA

DEC 0 8 2015 S. YOUNG

COVER LETTER

TO:		istration Se ision of Cor						
CUBI	CT.	ROMEG L	LC					
SUBJI	sci:		Name of Lim	ited Liability Company				
The en	closed	Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please	return	all correspo	ondence concerning this matter	to the following:				
			Audrey Norton					
				Name of Person	·····	-		
			Romeg LLC					
				Firm/Company		-		
			1591 Hayley Ln			≓.s :		
				Address		- ECR	رن ص	
			Fort Myers, FL			ETAS:		
			anorton19@aol.com	City/State and Zip Code			7 PH	
			-	to be used for future annual re	port notification)		ि। क	
For fur	ther i	nformation c	concerning this matter, please ca	all:		30 m	9	
Audre	y Nor	ton		239 825	5186			
		Name o	of Person	Area Code	Daytime Telephone Numbe	r		
Enclos	ed is	a check for the	he following amount:					
\$ 2	5.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certified	ate of Statu		

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

Romeg LLC		
(<u>Name of the Limited Liability Compa</u> . (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 4/30/2014	and assigned
Florida document number L14000070129		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		言言「一
Enter new mailing address, if applicable:		资 7 四
Mailing address MAY BE A POST OFFICE BOX)		- P. 2
		G
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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 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

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
AMBR	Bruno Voltzenlogel	1591 Hayley Ln. Fort Myers, FL 33	
			☐ Remove
			Change
AMBR	Nathalie Voltzenlogel	1591 Hayley Ln Fort Myers, FL 33	■ Add
			□ Remove
			Change
			Add
			Remove
			FLORIDA Ghange
			
			_ □ Remove
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ective date, if other than the dat	e of filing:	Cali	(option	nal)
effective date is listed, the date must be te: If the date inserted in this block	does not meet the app	licable statutory filing		
ument's effective date on the Depar	tment of State's record	ds.		
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record specifies a delayed ef he 90th day after the record		iot an enective ti	me, at 12.01 a.	in. On the earlier o
ed	, ,	·		
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Audre Norte	nature of a member or au	thorized representative	of a member	

Page 3 of 3

Filing Fee: \$25.00